

COUNTY BOROUGH OF BLACKBURN



Education Committee

Annual Report

UPON THE
SCHOOL MEDICAL SERVICE
FOR THE YEAR 1931

BY

V. T. THIERENS

M.B., Ch.B., D.P.H.

School Medical Officer

BLACKBURN:
THE "TIMES" PRINTING WORKS NORTHGATE

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MEMBERS OF THE EDUCATION COMMITTEE, December, 1931.

The Mayor (Alderman W. Kenyon, J.P.).

*†Alderman Sir William Forrest, O.B.E., J.P. (Chairman).

*†Alderman J. Smethurst (Vice-Chairman; Chairman Elementary Education Sub-Committee).

*†Alderman H. Watson, J.P.	*†Rev. Canon J. E. Samuel, M.A.
* „ G. Burke, J.P.	(Chairman School Attendance Reference Sub-Committee).
*† „ W. H. Grimshaw, J.P.	*†Rev. G. Anderson, J.P.
* „ J. Johnson, J.P.	* Rev. T. Singleton.
„ L. Bates, J.P.	* Rev. A. Boddington, M.A.
* „ A. Townsend.	*†J. Ramsay, Esq., O.B.E., M.D.
* Councillor W. R. Hargreaves	J. A. Ormerod, Esq., J.P.
* „ B. Holden.	*†J. W. Marsden, Esq., J.P.
*† „ Critchley, J.P.	*†S. Bamber, Esq.
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*† „ Worden.	*†J. E. Simpson, Esq.
„ Riley.	*†H. J. Harvey, Esq., J.P.
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* „ H. Beardwood, J.P.	*†J. H. A. Swindlehurst, Esq.
*† „ F. Hargreaves.	* G. H. Kirby, Esq., J.P.
„ Vipond.	*†Miss Eccles, J.P.
„ Horne.	*†Miss K. Pullon.
*† „ Dowdall.	
* „ Sugden.	
*† „ Culshaw.	
* „ Greenwood.	
* The Very Rev. The Provost of Blackburn Cathedral.	

J. F. CARR, B.Sc.,
Director of Education.

BRIGGS H. MARSDEN,
Town Clerk.

* Elementary Education Sub-Committee.

† School Attendance Reference Sub-Committee.

STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical Officer of Health and School Medical Officer:

V. T. THIERENS, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:

IAN M. MACLACHLAN, M.D., D.P.H.

Assistant School Medical Officers:

J. W. HUNTER, M.D., D.P.H. (Resigned, August, 1931).

A. D. GORMAN, M.R.C.P. (Edin.), F.R.F.P.S. (Glas.),
D.P.H. (Commenced, Dec. 1931).

ELLA G. F. MACKENZIE, M.A., M.D. (Edin.), D.P.H.
(Birmingham) (Resigned, July, 1931).

DOROTHY I. BAIRD, M.B., Ch.B. (Edin.), D.P.H. (Commenced, Aug., 1931).

School Dentists:

HARRY YATES, L.D.S. (Liverpool).

E. S. POULTER, L.D.S. (Manchester) (Resigned, March, 1931).

J. GREENHALGH, L.D.S. (Manchester) (Commenced, May, 1931).

Ophthalmic Surgeon (part time):

J. M. WISHART, M.B., Ch.B., F.R.C.S. (Edin.).

School Nurses:

E. BARTON, A. GARSTANG (Resigned, October, 1931), A. MORAN, A. STEAD,
M. HACKING, L. KELLY (commenced, Dec., 1931).

Remedial Gymnast:

MARGERY C. RANDALL.

SCHOOL CLINICS.

NAME.	PURPOSE.	WHERE HELD.	TIMES.
Inspection Clinic.	Special Examination of Cases Referred by Teachers, School Attendance Officers and School Nurses.	68, Victoria Street.	Wednesdays, 2 p.m.; Saturdays, 9-30 a.m.
Ophthalmic Clinic.	Prescription of Spectacles.	68, Victoria Street.	Mondays, 1-30 p.m. Fridays, 1-30 p.m.
Dental Clinic.	Dental Treatment.	,,	Every week-day (by appointment).
Minor Ailments Clinic.	Treatment of Minor Diseases of Skin, etc.	68, Victoria Street.	Every week-day, at 8-45 a.m.
"	"	All Saints School, Bolton Road.	Mondays to Fridays at 2-0 p.m.; Saturdays, 9-0 a.m.
Cleansing Station.	Treatment of Scabies and Cleansing of Verminous Cases.	Throstle Street.	Tuesdays & Thursdays (by appointment).
Throat Clinic.	Operative Treatment of Adenoids and Enlarged Tonsils.	Blackburn & East Lancs. R. Infirmary	Arranged as required.
"	,, (In-Patients).	Queen's Pk. Hospital.	Arranged as required.
Remedial Exercises.	Treatment of Deformities.	68, Victoria Street.	Every week-day (by appointment).
Diphtheria Immunisation Clinic.	Prevention of Diphtheria.	68, Victoria Street.	Mondays, 10-11 a.m. Mondays, 4-5-30 p.m. Thursdays, 10-11 a.m.
X-Ray Clinic.	Treatment of Ringworm.	68, Victoria Street.	Wednesdays, 2-5 p.m.
Ultra Violet Light Clinic.	Artificial Light Treatment.	,,	Every week-day (by appointment).
"	"	Corporation Hospital.	Mondays, Tuesdays, Thursdays & Fridays at 2 p.m.

The Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my fourth Annual Report, the 28th of the Series, on the work of the School Medical Department.

The year under review has witnessed minor extensions to the School Medical Service, together with the consolidation of the various innovations introduced during the preceding four years.

In previous Reports the desirability of special educational provision for children suffering from cardiac disease has been mentioned. It has also been suggested that the facilities at present available for the care of the myopic child were capable of advantageous expansion. A Scheme for the utilisation of Regent Street School for these two purposes has been approved by you, and, at the time of writing this Report, awaits the sanction of the Board of Education. Subject to this sanction the Education Committee will possess a system of special schools and classes which will bear most favourable comparison with that of other Authorities.

My thanks are due to Mr. Fowler and Mr. Walsh for the accurate care devoted to the compilation of the statistics in this Report.

Mention should be made of the unfailing zeal and interest with which Mr. Briggs and Mr. Wishart (your part-time Specialist Medical Officers) have discharged their duties; the services of these two gentlemen have been of the greatest help to the School Medical Staff.

I take this opportunity of expressing my appreciation of the courtesy and assistance afforded by the Director of Education whose interest has done much to facilitate the smooth working of the Department.

In conclusion, Mr. Chairman, Ladies, and Gentlemen, it is again a pleasant duty to acknowledge my indebtedness to the Members of the Education Committee for the unfailing support and encouragement which they have rendered to the Staff of the School Medical Department.

I am, Mr. Chairman, Ladies, and Gentlemen,

Your obedient Servant,

V. T. THIERENS,

School Medical Officer.

Section 1.

CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health. The Assistant School Medical Officer is also Assistant Medical Officer of Health, and the lady Assistant Medical Officer devotes one session per week to duties in connection with the School Medical Service. The Tuberculosis Officer, who is also Deputy Medical Officer of Health and Deputy School Medical Officer, conducts routine medical inspections from time to time and, in addition, is responsible for the supervision of Tuberculosis contacts of school age. The whole of the Medical Staff are consequently familiar with the work of the School Medical Service, their duties in connection with which bring about close co-ordination between the various branches of the Health Department.

The record cards of children who have attended the Maternity and Child Welfare Centres are transferred to the School Medical Department upon the children commencing attendance at a Public Elementary School or Nursery Class. Children under the age of five who are attending School come under the care of the Education Authority, and are medically examined as soon as possible after the school career is begun.

SCHOOL HYGIENE.

On the occasion of each routine medical inspection the Medical Inspector surveys and reports upon the sanitary condition of the premises. Structural and other defects noted are reported to the Director of Education with the recommendations of the Medical Officer who has conducted the sanitary survey.

STRUCTURAL WORK AND DECORATIONS CARRIED OUT IN THE ELEMENTARY SCHOOLS.

I have to thank the Borough Engineer for the following details of the work carried out during the year:—

The following Schools were re-decorated internally during the year:—St. James' (Guide), St. James' (Black-a-Moor), Cedar Street, St. Gabriel's, Witton Infants, Sacred Heart, St. Mary's R.C., and Mayson Street.

New floors have been laid at St. Bartholomew's, and Four Lanes End School.

Most of the playgrounds at St. Stephen's School have been re-surfaced.

The conveniences at the whole of the Schools have been white-washed during the year, and the roof gullies, etc., of the Council Schools have been overhauled.

Continuous repairs have been carried out to the structure and fittings of the Council Schools.

SANITARY ACCOMMODATION IN SCHOOLS.

A survey of the sanitary accommodation available for scholars attending the Elementary Schools in the Borough was made towards the end of the year.

The following is a table showing the sanitary accommodation available in the Blackburn Schools:—

Table 1.

	School Population	Water Closets				Urinals	
		No. of pedestal W.C.'s flushed with separate cisterns	No. of pedestal W.C.'s flushed with automatic cisterns	No. of trough closets together with No. of seats flushed		No. with sparge pipes	No. without sparge pipes
			Automatically	By Hand			
Accrington Road C.	551	27	...	...	...	18	...
Audley C.	726	39	...	...	...	20	...
Bank Top C.	314	2	...	...	12	6	10
Bangor Street C.	452	...	25	...	...	18	...
Blakey Moor Central	811	7	28	...	...	20	...
Cedar Street C.	363	18	...	...	...	16	...
Christ Church C.E.	569	...	15	6	5	7	8
Emmanuel C.E.	400	...	...	21	...	...	30
Furthergate C.	312	...	...	14	...	8	...
Four Lane Ends C.	139	...	...	8	...	...	10
Griffin C.E.	309	2	12	...	...	10	6
Holy Trinity C.E.	432	1	16	...	...	...	15
Intack Council	411	20	...	...	...	12	...
Lower Darwen C.	105	...	...	9	...	...	5
Mill Hill C.	270	...	16	8	...	...	20
Moss Street C.	311	2	11	...	...	5	5
C. of E. Central	483	2	13	...	...	18	...
Park Road C.	412	13	...	...	...	...	5
Regent Street Special	14	2	6	...	...	3	...
St. Aidan's C.E.	288	12	4	...	...	...	10
St. Alban's R.C.	891	21	...	...	...	...	10
St. Alban's Hr. Grade (Boys)	136	6	...	...	...	...	10
St. Anne's R.C.	757	...	...	...	...	...	...
St. Andrew's C.E.	197	...	...	11	...	...	6
St. Barnabas' C.E.	427	...	13	...	...	...	8
St. Bartholomew's C.E.	248	...	...	13	...	...	12
St. Gabriel's C.E.	138	...	...	7	...	...	4
St. James' C.E.	212	1	9	...	...	...	8
St. James' C.E. (Black-a-Moor)	93	...	3	4	...	8	...
St. James' C.E. (Guide)	104	...	...	10	...	2	6
St. John's C.E.	586	...	...	23	...	9	...
St. Joseph's R.C.	575	2	...	14	...	...	9
St. Luke's C.E.	291	...	14	...	...	...	9
St. Peter's R.C.	476	2	25	...	...	17	...
St. Michael's C.E.	230	...	...	6	6	6	...
St. Matthew's C.E.	353	1	...	12	...	...	10
St. Mary's R.C.	527	1	...	10	...	4	4
St. Paul's C.E.	347	...	13	...	...	20	20
St. Peter's C.E.	259	15	...	...	...	...	15
St. Stephen's C.E.	299	1	...	21	...	...	7
St. Silas' C.E.	349	...	16	...	...	6	6
St. Thomas' C.E.	528	...	12	...	...	...	12
Sacred Heart R.C.	128	1	...	8	...	2	2
Wensley Fold C.E. ...	268	2	8	...	...	12	...
Witton C.E. (Infants)	56	...	6	...	...	6	...
Roe Lee Park	263	17	...	...	...	18	...
JUVENILE UNEMPLOYED TRAINING CENTRE SCHOOLS.							
Maudsley Street	106	1	...	9	...	8	...
Audley Range	109	...	...	13	...	9	...

There are no pail closets.

INTACK JUNIOR COUNCIL SCHOOL.

Opened on the 26th September, 1931, by
MR. ALDERMAN W. H. GRIMSHAW, J.P.

Intack School has been built to provide for the Intack District of the Borough where the Corporation have recently erected 653 houses. It is the third post-war School to be erected in the Borough.

The site is situated 461 feet above sea-level and is 4 acres in extent.

The School provides accommodation for 450 children between the ages of 3 and 11 years, and contains an Assembly Hall, eight Classrooms, and two special rooms, one of the open-air type for infant children and one for craft work.

The whole of the Classrooms and Assembly Hall doors open on to two quadrangles, and glazed verandahs are provided giving access under cover from any one part of the School to another.

The School is heated by means of a low-pressure accelerated invisible panel system in the ceilings.

COST OF SCHOOL MEDICAL SERVICE.

For the Calendar Year 1931.

I am indebted to the Borough Treasurer, Mr. R. G. Pye, for the following particulars :—

EXPENDITURE :	£	s.	d.
Salaries	3683	4	2
Operative Treatment	586	8	9
Printing, Stationery and Advertising	104	0	3
Drugs, Materials, and Apparatus	407	12	3
Repair and upkeep of Premises	45	15	5
Rent, Rates, etc.	284	4	6
Fuel, Light and Cleaning	437	1	6
Conveyance of children	12	10	0
Travelling Expenses	39	4	6
National Insurance	18	3	11
Alteration and equipment of Victoria Street Premises—	237	0	0
Use of Slipper Baths	108	0	0
Fire Insurance	3	1	3
Uniforms	15	8	9
Sundries	14	1	8
Interest	51	3	0
Sinking Fund	65	13	1
	6112	13	0
RECEIPTS :			
Services of staff—Health Department	134	8	1
Sale of Spectacles	66	14	3
Operation Fees	16	9	9
Dental Clinic Fees	10	5	9
Use of Ambulance	15	4	6
Rent—All Saints' Clinic	30	0	0
	273	2	4
Net Expenditure	5839	10	8

The rateable value of the Borough in 1930-31 was £688,862 (the produce of a rate of 1d. in the £ being £2,700). The net cost of medical inspection and treatment in both elementary and secondary schools for the twelve months ended December 31st, 1931, was £5,839 10s. 8d., compared with £6,322 1s. 8d. in the year 1930. The Government Grant was half the net expenditure, hence the net cost to the rates was £2,919 15s. 4d.

The cost of the School Medical Service for 1931 per child on the school rolls was 7/3.879 gross and 3/7.939 net, and the cost as a decimal part of a penny rate was 2.163 gross and 1.082 net.

SCHOOL POPULATION AND AVERAGE ATTENDANCE.

There are 17 Council and 30 Non-Provided Schools in the town. The following Table gives particulars of attendances thereat during 1931:—

Table 2.

	No. of Schools	No. on Rolls	Average Attendance	Percent. Attendance
Boys		2222	2035	91·5
Girls		2150	1949	90·6
Mixed		6103	5558	91·0
Infants over 5		4236 } 1237 }	4445	79·5
Infants under 5				
SCHOOLS :				
Church of England	24	7499	6542	87·2
Roman Catholic	6	3453	3017	87·3
Special Council	3 } 14 }	4996	4428	88·6
Council				
Total	47	15948	13987	87·6

The attendance suffered considerably in January, February and March through an epidemic of Measles, Whooping Cough and Influenza; also in November and December, through Chicken Pox and Influenza.

The increase in the number of children on the school rolls was 13, as compared with a decrease of 152 in 1930. Church of England Schools showed a decrease of 135; Roman Catholic an increase of 63; and Council an increase of 85. The figures for 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929 and 1930 are given below for purposes of comparison:—

	No. on Rolls	Average Attendance	Percent. Attendance	Infants on Rolls
1921	18,617	16,112	86·5	—
1922	18,250	16,039	87·8	—
1923	17,964	15,851	88·2	—
1924	17,522	15,110	86·2	5,422
1925	17,357	15,009	87·9	5,832
1926	17,065	15,009	87·9	6,129
1927	16,753	14,714	87·8	5,976
1928	16,433	14,489	88·1	5,902
1929	16,087	14,119	87·7	5,739
1930	15,935	13,949	87·5	5,589

Section 2.

MEDICAL INSPECTION.

The Assistant School Medical Officer devotes six sessions and the lady Assistant Medical Officer one session per week to School Medical Inspections.

The School Medical Officer and the Deputy School Medical Officer have from time to time conducted medical inspections of the routine groups.

A nurse accompanies the doctor to the inspections and prepares the children for examination. In addition she weighs and measures the children and tests their vision.

In many of the schools a room is set apart for the medical inspection and in the case of some of the other schools arrangements have been made for the use of adjacent Assembly Halls or Club Rooms.

FINDINGS OF SCHOOL MEDICAL INSPECTION.

Table 3.

Name of School	Entrants 5 to 6 years of age				Intermediates 8 to 9 years of age				Leavers 13 to 14 years of age			
	Number Ex- amined		Parents Present		Number Ex- amined		Parents Present		Number Ex- amined		Parents Present	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Accrington Road C.	—	—	—	—	22	20	14	16	13	10	2	2
Audley C.	26	22	19	17	34	27	17	18	24	27	9	6
Bank Top C.	14	23	11	20	21	15	9	3	5	7	2	3
Bangor Street C.	—	—	—	—	—	—	—	—	35	17	5	5
Blakey Moor Central	—	—	—	—	—	—	—	—	85	50	9	13
Cedar Street C.	26	20	19	16	37	23	23	17	—	—	—	—
Christ Church C.E.	47	35	43	35	30	37	18	24	5	7	1	—
Emmanuel C.E.	17	20	10	18	18	23	11	14	5	14	2	—
Furthergate C.	20	13	12	7	24	17	6	3	—	—	—	—
Four Lanes End C.	7	8	6	1	11	10	10	10	2	1	1	—
Griffin C.E.	14	10	12	10	15	18	4	12	2	9	—	6
Holy Trinity C.E.	26	17	20	14	19	26	5	10	6	9	—	1
Lower Darwen C.	2	4	1	4	11	3	3	2	3	2	1	1
Mill Hill C.	20	19	15	11	10	18	8	12	4	4	1	1
Moss Street C.	19	24	14	17	15	15	7	8	4	5	—	1
C. of E. Central	—	—	—	—	—	—	—	—	64	47	2	12
Park Road C.	19	32	15	25	27	33	7	19	—	—	—	—
Roe Lee Park C.	19	31	14	30	13	17	11	13	—	—	—	—
Intack C.	31	27	21	21	—	—	—	—	—	—	—	—
St. Aidan's C.E.	19	19	19	16	23	10	13	6	8	5	—	2
St. Alban's R.C.	53	45	32	28	50	51	17	18	7	22	2	4
St. Alban's Hr. Grade (Boys) ...	—	—	—	—	—	—	—	—	21	—	2	—
St. Anne's R.C.	30	22	25	14	41	36	14	19	21	17	4	10
St. Andrew's C.E.	9	14	8	10	10	14	4	11	—	—	—	—
St. Barnabas' C.E.	36	27	32	21	16	19	10	13	14	9	1	3
St. Bartholomew's C.E.	9	10	8	10	6	13	4	7	5	6	—	—
St. Gabriel's C.E.	9	8	9	7	13	9	9	5	—	—	—	—
St. James' C.E.	18	13	15	11	14	9	7	5	—	14	—	3
St. James' C.E. (Black-a-Moor)..	6	4	3	2	6	7	1	4	2	1	—	—
St. James' C.E. (Guide)	—	—	—	—	7	9	2	5	5	2	1	1
St. John's C.E.	30	24	13	20	32	30	10	15	5	2	1	1
St. Joseph's R.C.	26	25	14	16	23	19	2	5	19	26	4	10
St. Luke's C.E.	13	24	13	18	10	17	4	6	—	5	—	—
St. Michael's C.E.	11	8	7	5	9	12	—	2	7	3	—	—
St. Matthew's C.E.	17	16	11	9	10	18	5	12	5	5	1	2
St. Mary's R.C.	21	18	13	12	27	21	16	17	8	12	—	4
St. Paul's C.E.	29	21	24	16	15	20	8	10	8	11	4	4
St. Peter's C.E.	12	18	6	13	14	10	5	4	6	4	—	1
St. Peter's R.C.	27	28	15	15	19	16	5	7	4	13	2	3
St. Stephen's C.E.	14	12	12	11	22	22	9	8	3	6	—	3
St. Silas' C.E.	21	18	18	17	15	14	12	12	2	—	—	—
St. Thomas' C.E.	24	33	19	27	29	33	14	16	12	11	3	1
Sacred Heart R.C.	13	9	11	6	11	10	5	8	1	—	—	—
Wensley Fold C.E.	11	8	7	7	20	8	3	1	2	1	1	—
Witton C.E. (Infants)	25	8	23	7	—	—	—	—	—	—	—	—
Totals	790	737	589	564	749	729	332	397	422	384	61	103
	1527				1478				806			

TABLE SHOWING ATTENDANCES OF PARENTS AT ROUTINE MEDICAL INSPECTIONS.

Table 4.

	No. Ex'd.	Parents Present	Percent Parents Attend- ances.	Male	Fe- male	Percent of P'ent Attend- ances 1930.
Entrants	1527	1153	75.5	74.5	76.5	68.8
Intermediates	1478	729	49.3	44.3	54.4	39.0
Leavers	806	164	20.3	14.4	26.8	12.0
Total	3811	2046	53.6	50.0	57.5	46.4

COMPARISON WITH 1927—1931.

Code Group.	1931	1930	1929	1928	1927
Entrants	1527	1854	2093	1348	1962
Intermediates	1478	1591	1886	1935	1300
12-Year-Old Group .....	...	...	...	1114	1456
Leavers	806	867	1500	1243	1285
Total	3811	4312	5479	5640	6003

Parents are invited to attend the Routine Medical Inspection of their children in school and all medical examinations at the Inspection and Special Clinics.

The presence of the parents greatly facilitates the work of the Medical Inspector as a more accurate medical history can be elicited from the parent than from the child, and at the same time an opportunity is afforded to the Medical Inspector of giving advice appropriate to the condition of each child examined. In the case of any child requiring treatment the consent of the parent is obtained at the time of inspection, treatment in consequence being expedited.

The percentage of parental attendances is higher than in 1930, a total of 53.6 for 1931, as against 46.4 for 1930. For entrants, intermediates and leavers the attendances are higher for girls than for boys; the percentage is highest in the entrant and

lowest in the leaver group, although the attendances for the latter group show a percentage gain of 8.3 above the figure for 1930.

Although the increase is gratifying, the figure leaves much to be desired and falls far short of that attained in certain other industrial areas.

In previous reports I have urged the need of parental attendance at inspection of the leaver group, and I offer no apology for again stressing that need. Advice and treatment are both invaluable in the case of the school-leaver since systematic health supervision terminates with the close of the school career. Such advice can best be given to the parent, and, with his co-operation, prompt treatment thereby secured.

FINDINGS AT ROUTINE MEDICAL INSPECTIONS.

Table 5.

UNCLEANLINESS.

Groups	Condition of Head					Condition of Body				1930	
	Clean	Dirty	Nits	Pedi- culi	%age Clean	Clean	Dirty	Flea bitten	%age Clean	Head	Body
Entrants :											
Boys	741	1	48	...	93.8	745	2	43	94.3	98.1	98.7
Girls	600	...	133	4	81.4	706	...	31	95.7	80.2	97.5
Intermediate :											
Boys	747	...	2	...	99.7	748	...	1	99.8	98.7	98.0
Girls	534	...	192	3	73.2	725	...	4	99.4	78.1	97.9
Leavers :											
Boys	416	...	6	...	98.5	419	...	3	99.3	99.3	98.3
Girls	237	...	146	1	61.7	375	3	6	97.6	75.3	97.4
Totals :											
Boys	1904	1	56	...	97.0	1912	2	47	97.5	98.6	98.4
Girls	1371	...	471	8	74.1	1806	3	41	97.6	78.4	97.6
Combined Total	3275	1	527	8	85.9	3718	5	88	97.5	88.9	98.0

A decline of 0.5 per cent. is noted in the body cleanliness figure, and one of 3 per cent. as regards head cleanliness. The cleanest heads and bodies were found amongst boy intermediates. The worst results as regards head cleanliness were found amongst girl leavers (61.7% clean), of whom also body cleanliness figure was lower than for other groups examined.

Table 6.

	Percentage of Clean Heads		Percentage of Clean Bodies	
	Boys	Girls	Boys	Girls
1910-1914 inc.	93.2		54%	
1920-1923 inc.				
1924.....	98.4	74.1	95.9	92.2
1925.....	96.9	78.3	96.0	91.5
1926.....	93.5	64.4	93.6	95.5
1927.....	96.2	80.0	94.3	94.0
1928.....	97.6	77.1	96.7	96.8
1929.....	97.7	76.0	96.6	96.5
1930.....	98.6	78.4	97.7	97.6
1931.....	97.0	74.1	97.5	97.6

Table 7.

CLOTHING AND FOOTGEAR.

	Entrants.	Inter-mediates.	Leavers.
Clothing—			
Satisfactory	1234	1459	796
Unsatisfactory	293	19	10
Percentage satisfactory...	80.8	98.7	98.6
Footgear—			
Satisfactory	1527	1478	802
Unsatisfactory .....	...	...	4
Percentage satisfactory	100.0	100.0	99.5

The subjoined Table gives the findings during 1931, compared with 1930.

Table 8.

PERCENTAGE SATISFACTORY.

	1930		1931.	
	Clothing	Footgear	Clothing	Footgear
Boys	99.4	99.6	90.5	99.8
Girls	99.5	99.1	92.5	99.5

Although the percentage of children found to be satisfactorily clothed is less than the corresponding figure for 1930, the findings, in view of the industrial depression, are proof of the care parents are affording their children.

Table 9.

NUTRITION.

	Entrants 5 years		Intermediates 8 years		Leavers	
	M	F	M	F	M	F
Normal	602	610	631	650	354	313
Below normal	188	127	118	79	68	71
Percentage normal	76·2	82·7	84·2	89·1	83·9	81·5
Percentage normal 1930	86·1	87·2	86·2	86·7	84·0	83·8
Difference 1930 & 1931	-9·9	-4·5	-2·0	+2·4	-0·1	-2·3

The above table gives results which compare very unfavourably with those for 1930, particularly so as regards the entrant group. The fact that, of all groups examined, the female intermediates alone show an improvement over the corresponding group for 1930 is impossible of explanation.

Table 10.

COMPARISON WITH WAR YEARS.

PERCENTAGE OF CHILDREN SHOWING NORMAL NUTRITION.

	1915-1918 inc.	1929	1930	1931
Boys	79·3	88·1	85·7	80·9
Girls	76·1	86·1	86·4	85·0

The standard of nutrition continues to decline, and, in the case of boys, shows but small improvement over that of the war period.

Malnutrition is the result of an insufficient or incorrect dietary, which may be brought about by financial inability to provide the requisite sustenance. The needs of children affected by this cause are readily met by the provision of meals under the Education Authority's scheme.

Malnutrition encountered amongst the children of comparatively well-to-do parents presents, on the other hand, a somewhat difficult problem inasmuch as the condition in this group often

owes its origin to lack of parental firmness. The majority of these cases give the same history—dislike by the child of meat, green vegetables and other components of a sound dietary together with a marked preference for sweet and starchy foods and a definite prejudice against early hours. Many parents, through misguided kindness, subordinate their sounder judgment to such childish importunities and thereby become directly responsible for the malnutrition, debility and lowered resistance to disease which inevitably overtakes the child.

Table II.
HEIGHTS AND WEIGHTS.

Year of Birth	BOYS.			GIRLS.		
	Number Examined	Average Height in inches	Average Weight in lbs.	Number Examined	Average Height in inches	Average Weight in lbs.
1928	77	37.9	34.9	77	37.9	33.2
1927	206	39.5	37.6	167	39.1	35.3
1926	196	41.6	40.6	220	41.5	38.5
1925	101	43.4	43.9	75	43.3	42.4
1924	33	45.7	49.6	27	45.9	46.6
1923	1	43.0	43.0	2	44.0	44.0
1922	485	48.7	55.3	453	48.1	54.3
1921	51	50.7	54.75	51	50.9	58.1
1920	...	...	...	...	...	...
1919	...	...	...	3	54.25	68.0
1918	356	55.5	77.5	304	55.8	77.8
1917	...	...	...	...	...	...

Table 12.
HEART AND CIRCULATORY SYSTEM.

	Entrants		Intermediates		Leavers		%age
	M	F	M	F	M	F	
Organic disease	3	2	5	2	5	1	0.47
Functional disease	20	27	14	17	6	5	2.33
Anæmia	28	16	3	3	4	13	1.75
Other defects	—	—	—	—	—	—	0.00
Totals	51	45	22	22	15	19	4.56

In the above table heart defects are classified under the headings Anæmia, Organic Disease and Functional Disease. The significance of these conditions has been discussed in previous reports.

The total percentage (4.56) of children found to be suffering from circulatory abnormality is less than in 1930, but greater than in 1929 and 1928. An increase is noted in the "functional disease" group alone, the percentages of children affected with organic disease and anæmia being less than in 1930.

The names of all children found to be suffering from organic disease of the heart are entered in a special register, and all such children are examined thrice yearly.

In previous reports the advisability of making special school provision for selected children suffering from cardiac disease has been mentioned, and Regent Street School has been suggested for that purpose. A scheme to this effect is at present receiving the consideration of the Board of Education.

Table 13.
CHEST COMPLAINTS (other than Tuberculosis).

	M	F	Percentages		Total Percent- age	Total Percent. 1930
			M	F		
Entrants	28	19	3.5	2.5	3.0	3.7
Intermediates	11	8	1.4	1.1	1.2	1.7
Leavers	8	12	1.9	3.1	2.6	0.1
Totals	47	39	2.4	2.1	2.2	2.2

The percentage of children suffering from respiratory disease is the same as in 1930.

TUBERCULOSIS.

Table 14.

CHILDREN REFERRED TO THE TUBERCULOSIS OFFICER.

	M	F	TOTAL
Positive	—	—	—
Pre-Tubercular	—	1	1
Others	—	2	2
Bone or Joint Tubercle	—	—	—
Glands or Skin Tubercle	1	1	2
Spine	1	—	1
	2	4	6

The number of cases referred is less than in 1930 and 1929, during which 9 and 15 cases respectively were referred.

Doubtful cases found at School Medical Inspections are referred to the Inspection Clinic for more detailed examination, and, if necessary, are transferred to the Tuberculosis Officer for second opinion.

Tuberculosis contacts of school age are required to attend the Tuberculosis Dispensary for examination. They are kept under Dispensary observation, and the parents are requested to bring the children periodically for re-examination. This supervision may last throughout the whole of the child's school career. In this respect the Tuberculosis Officer works in conjunction with the School Medical Officer.

Table 15 gives particulars of tuberculosis notification amongst children of school age.

Table 15.

NOTIFICATIONS OF AND DEATHS FROM TUBERCULOSIS
IN CHILDREN OF SCHOOL AGE.

No. of Primary Notifications				No. of Deaths			
Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
M	F	M	F	M	F	M	F
6	4	13	7	2	0	2	1

The ages at death in the fatal cases were :—

		5 to 10 years	10 to 15 years
Pulmonary	M	1	1
	F	0	0
Non-Pulmonary	M	2	—
	F	1	—

The number of notifications of Tuberculosis in children of school age is in large excess of those during 1930, when 16 cases were notified. The deaths from this cause (5) are less than in 1930, when 11 such deaths were registered.

NOSE AND THROAT.

Table 16.

	Entrants.		Inter-mediates.		Leavers.	
	M.	F.	M.	F.	M.	F.
NOSE :						
Deflected Septum	1	...	6	2	1	1
Other Defects	3	1	12	1	6	9
TONSILS :						
Slight Enlargement	4	2	66	43	33	11
Much Enlargement	251	212	41	26	6	6
ADENOIDS :						
Present alone	4	10	7	7	2	1
Mouth Breathers	6	4	5	2	1	2
Enlarged Tonsils and Adenoids (but not Mouth Breathers)	12	5	31	18	4	5
GLANDS : CERVICAL :						
Palpable	87	57	10	3	4	14
Visibly Enlarged	8	5	5	...	...	...

Table 17.

PERCENTAGES FROM ABOVE TABLE.

	1931			1930		
	En-trants.	Inter-med-iates.	Leav-ers.	En-trants.	Inter-med-iates.	Leav-ers.
Abnormalities of Tonsils	30.6	11.9	6.9	18.7	18.3	14.6
Adenoids	2.6	4.6	1.8	7.5	3.4	6.6
Enlarged Glands	10.2	1.2	2.2	18.6	8.7	11.9

The total percentage of children suffering from abnormalities of the tonsils is slightly lower than was the case in 1930, although the number of 1931 entrants so affected is in large excess of the corresponding figure for 1930. The percentage of children found to be suffering from adenoids is also lower than in 1930.

Table 18.
DULL AND BACKWARD CHILDREN.

Groups	M	F	Total	Per-cent
Entrants	4	3	7	0.4
Intermediates	6	...	6	0.4
Leavers	2	3	5	0.6
Totals	12	6	18	0.4

Table 19.
SKIN DISEASES.

	Entrants		Intermediates		Leavers		Totals	
	M	F	M	F	M	F	M	F
Ringworm—								
Body	—	—	—	1	—	—	—	1
Scalp	—	—	—	—	—	—	—	—
Impetigo ..	4	2	6	3	3	1	13	6
Scabies	—	—	1	2	—	—	1	2
Other	7	9	1	6	1	—	9	15
Totals	11	11	8	12	4	1	23	24

PERCENTAGE INCIDENCE (Routine Examination).

	1931		1930	
	Boys	Girls	Boys	Girls
Entrants	1.3	1.5	2.2	2.1
Intermediates	1.0	1.6	2.9	1.1
Leavers	0.9	0.2	0.6	0.3
	1.1	1.3	2.1	1.4

Table 20
EYE TROUBLES.
EXTERNAL EYE DISEASE.—PERCENTAGES.

Complaint	Entrants		Inter- mediates		Leavers	
	M	F	M	F	M	F
Squint	1.0	0.4	1.0	1.2	1.1	2.0
Blepharitis	0.6	1.0	0.6	0.7	0.7	0.8
Conjunctivitis	0.1	0.1	0.2	0.0	0.5	0.0
Corneal Opacity	0.1	0.0	0.0	0.0	0.0	0.2
Other Defects	0.1	0.1	0.1	0.0	0.0	0.0
	2.0	1.7	2.1	1.9	2.3	3.1

Squint is again the commonest form of eye disease, although the percentage (1.1) of children so suffering is less than in 1930 for which year the percentage was 1.68.

During the year Mr. Wishart examined 51 children suffering from squint and in attendance at the Child Welfare Centres, for 15 of whom glasses were prescribed.

The appended Table compares the external eye disease findings in 1931 with those in 1930.

	1931		1930	
	Male.	Female.	Male.	Female.
Entrants	2.0	1.7	3.5	2.9
Intermediates	2.1	1.9	3.1	2.4
Leavers	2.3	3.1	1.0	2.5

Table 21.
VISION.

Extent of Defect		Intermediates				Leavers				Total			
		M		F		M		F		M		F	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Normal $\frac{6}{8}$ or $\frac{5}{6}$	R	648	86.5	644	88.3	382	90.5	339	88.3	1030	87.9	983	88.3
	L	649	86.6	634	86.9	380	90.0	336	87.5	1029	87.9	970	87.1
$\frac{6}{12}$ to $\frac{6}{24}$...	R	90	12.0	78	10.7	40	9.5	42	10.9	130	11.1	120	10.8
	L	88	11.8	89	12.2	40	9.5	38	9.9	128	10.9	127	11.4
$\frac{6}{36}$ or worse	R	11	1.5	7	1.0	0	0.0	3	0.8	11	1.0	10	0.9
	L	12	1.6	6	0.9	2	0.5	10	2.6	14	1.2	16	1.5

The above Table has been amplified to give the figures for vision in both eyes. If spectacles are worn and there is correct vision in one or both eyes the child is classified as having normal vision. Similarly, if spectacles do not entirely correct, the vision classified is that found whilst the spectacles are being worn.

	Intermediates		Leaver group	
	M	F	M	F
Normal Vision	86.5%	87.6%	90.2%	87.9%
Moderate Visual Defect	11.9%	11.4%	9.5%	10.4%
Severe Visual Defect	1.6%	1.0%	0.2%	1.7%

COMPARISON WITH 1930—VISION LOWER THAN 6/9ths IN ONE OR BOTH EYES.

Groups	1931		1930	
	M	F	M	F
Intermediates	13.5	12.4	12.9	14.3
Leavers	9.7	12.1	14.2	16.2

The Entrant group are not examined for visual acuity at routine examinations, as the majority do not know the letters of the alphabet.

Table 22.

DEFECTIVE HEARING.—PERCENTAGE DEFECTIVE.

	Entrants	Intermediates	Leavers	No. of Children inspected
Boys	9	6	2	1961
Girls	5	2	1	1850

COMPARISON WITH 1930.

	1931		1930		1931	1930
	Male	Female	Male	Female	No. of Child'n Examined	No. of Child'n Examined
Entrants	1.1	0.6	0.5	0.6	1527	1954
Intermediates	0.8	0.2	0.4	1.2	1478	1591
Leavers	0.4	0.3	0.6	0.7	806	867

The chief causes of defective hearing in children are wax in the ears, adenoids and enlarged tonsils, and chronic middle ear disease, the latter being the most fruitful cause. Chronic middle ear disease (otitis media) results from inflammation of the nose or throat, and may follow scarlet fever, measles or diphtheria.

Treatment of ear defects is carried out at the Minor Ailment Clinic and selected cases are referred to Dr. Wishart for opinion and treatment.

SPEECH DEFECTS.

Table 23.

SPEECH DEFECTS.—PERCENTAGE DEFECTIVE.

	Entrants	Inter- mediates	Leavers	No. of Child'n Inspected
Boys	0·6	2·2	1·4	1961
Girls	0·5	0·4	1·0	1850
Totals	0·5	1·3	1·2	3811

COMPARISON WITH 1930.

	1931		1930	
	Male.	Female.	Male.	Female.
Entrants	0·6	0·5	0·6	0·3
Intermediates	0·2	0·4	0·6	0·4
Leavers	1·4	1·0	1·0	0·8
Totals	0·7	0·6	0·7	0·5

TEETH.

Table 24.

1931.

	Entrants.				Intermediates				Leavers			
	M.		F.		M.		F.		M.		F.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Perfect set of Teeth	341	43·1	338	45·9	558	74·5	552	75·7	366	86·7	275	71·6
One to Three Decayed.....	255	32·3	222	30·1	150	20·0	148	20·3	53	12·6	95	24·7
Four or more Decayed.....	194	24·6	177	24·0	41	5·5	29	4·0	3	0·7	14	3·7
Totals ...	790	...	737	...	749	...	729	...	422	...	384	...

1930.

	Entrants				Intermediates				Leavers			
	M.		F.		M.		F.		M.		F.	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Perfect set of Teeth	585	61.5	580	64.1	466	56.6	432	56.3	322	68.5	257	64.7
One to Three Decayed	217	22.9	215	23.8	263	31.9	243	31.6	126	26.8	121	30.5
Four or more Decayed	148	15.6	109	12.1	95	11.5	92	12.1	22	4.7	19	4.8
Totals	950	...	904	...	824	...	767	...	470	...	397	...

The above Tables relate to the findings of the medical inspectors at routine examinations, and have no relation to the findings of the School Dentist. There is, however, a similarity in the findings, but, as might be expected, the more searching inspection of the School Dentist with probe and mirror brings to light minute and otherwise undiscernible patches of decay. Cases which in the opinion of the school medical inspector require treatment are referred to the Dental Clinic.

Dental Inspection and Treatment are discussed in a later Section of this Report.

Table 25.

RICKETS AND DEFORMITIES.

	Entrants		Intermediates		Leavers		Totals		Percent 1931		Percent 1930	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Evidence of—</i>												
Slight Rickets	30	7	16	6	7	14	53	27	2.7	1.4	3.2	2.2
Marked Rickets ...	8	4	1	4	2	—	11	8	0.5	0.4	0.1	0.0
Spinal Curvature ...	—	1	2	—	1	3	3	4	1.5	2.1	0.09	0.3
Other Deformities ..	5	2	4	1	5	7	14	10	0.7	0.5	0.2	0.3
	43	14	23	11	15	24	81	49	4.1	2.6	3.7	2.8

Table 26.

SUMMARY OF THE FINDINGS AT ROUTINE EXAMINATIONS.
(Percentages).

Condition	Entrants		Inter- mediates		Leavers		All Groups	
	M	F	M	F	M	F	M.	F.
Uncleanliness (Percent. clean)—								
Head	93.8	81.4	99.7	73.2	98.5	61.7	97.0	74.1
Body	94.3	95.7	99.8	99.4	99.3	97.6	97.5	97.6
Clothing (satisfactory)	78.4	83.3	98.7	98.6	98.5	98.9	90.5	92.6
Footgear (satisfactory)	100.0	100.0	100.0	100.0	99.3	99.7	99.8	99.9
Nutrition (normal)	76.2	82.7	8.42	89.1	83.9	81.5	80.9	85.0
Circulatory System (def'ts)	6.4	6.1	2.9	3.0	3.5	4.9	4.4	4.6
Pulmonary System (de- fects: not T.B.) ..	3.5	2.5	1.4	1.1	1.9	3.1	2.4	2.1
Defects of Nose & Throat	35.5	31.7	22.4	13.5	12.5	9.1	25.6	19.9
Enlarged Cervical Glands	12.0	8.4	2.0	0.4	0.9	3.6	5.8	4.3
External Eye Disease	2.0	1.7	2.1	1.9	2.3	3.1	2.1	2.1
Defective Vision .....	...	...	13.5	12.4	9.7	12.1	12.1	12.2
Defective Hearing	1.1	0.6	0.8	0.2	0.4	0.3	0.7	0.4
Speech Defects	0.6	0.5	0.2	0.4	1.4	1.0	0.7	0.6
Dental Disease (More than 4 decayed)	24.6	24.0	5.5	4.0	0.7	3.7	12.1	11.9
Skin Disease	1.3	1.5	1.0	1.6	0.9	0.2	1.1	1.3
Dull and Backward	0.5	0.4	0.8	0.0	0.5	0.8	0.6	0.3

Table 27.

NUMBER OF CHILDREN EXAMINED AT ROUTINE INSPECTIONS
AND FOUND TO REQUIRE TREATMENT.
(Excluding Uncleanliness and Dental Disease).

Group	No. of Child- ren inspected	No. referred for Treatment	Percentage referred for Treatment	1930
Entrants	1527	301	19.7	19.0
Intermediates	1478	356	24.0	25.1
Leavers	806	198	24.5	23.2
	3811	855	22.4	22.1

NOTIFIABLE DISEASES OCCURRING IN THE ELEMENTARY SCHOOLS
OF THE BOROUGH.

School	Scarlet Fever		Diph- theria		Erysi- pelas		Others			
	M.	F.	M.	F.	M.	F.	Influenzal Pneumonia		Encephal- itis Lethargica	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Accrington Road	1	2	...	...	...	...	1	..	...	...
Audley C. ....	...	...	1	..	...	...	2	...	...	...
Bank Top .....	...	...	...	...	...	...	1	1	...	...
Bangor Street C. ....	...	...	...	...	...	...	...	1	...	...
Blakey Moor C.	1	2	...	...	...	...	...	...	...	...
Cedar Street	2	...	1	...	...	...	1	...	...	...
C.E. Central .....	...	...	1	...	...	...	...	...	...	...
Christ Church .....	...	...	...	...	...	...	1	...	...	...
Emmanuel .....	...	...	...	...	...	...	...	...	...	...
Furthergate .....	...	1	...	2	...	...	1	...	...	...
Four Lanes End .....	...	...	...	...	...	...	...	...	...	...
Griffin .....	...	1	...	...	...	...	1	...	...	...
Holy Trinity .....	...	1	...	...	...	...	...	1	...	...
Intack C. ....	...	...	...	...	...	...	...	...	...	...
Lower Darwen C. ....	...	...	...	...	...	...	...	...	...	...
Mill Hill C. ....	...	...	...	...	...	...	...	...	...	...
Moss Street .....	...	1	...	...	...	...	...	...	...	...
Park Road	1	...	1	...	...	...	1	...	...	...
Roe Lee Park	1	...	...	1	...	...	...	...	...	...
St. Aidan's .....	...	...	...	...	...	...	...	...	...	...
St. Alban's R.C.	3	...	2	1	...	...	...	2	...	...
St. Alban's H.G. ....	...	...	...	...	...	...	...	...	...	...
St. Anne's R.C. ....	...	1	1	...	...	...	...	2	...	...
St. Andrew's .....	...	...	...	...	...	...	...	...	...	...
St. Barnabas' .....	...	2	...	1	...	...	1	...	...	...
St. Bartholomew's .....	...	...	...	...	...	...	...	...	...	...
St. Gabriel's .....	...	1	...	...	...	...	...	1	...	...
St. James' C.E. ....	...	...	...	1	...	...	...	...	...	...
St. James' Guide .....	...	...	...	...	...	...	...	...	...	...
St. James' Black-a-Moor .....	...	...	1	...	...	...	...	...	...	...
St. John's	2	1	...	2	...	...	...	...	...	...
St. Joseph's R.C. ....	...	1	...	...	...	...	1	...	...	...
St. Luke's .....	...	...	...	...	...	...	1	...	...	...
St. Michael's .....	...	1	1	...	2	...	...	...	...	...
St. Matthew's	1	1	...	...	...	...	...	1	...	...
St. Mary's R.C. ....	...	...	2	...	...	...	1	1	...	...
St. Paul's	1	...	...	...	...	...	...	...	...	...
St. Peter's C.E. ....	...	...	1	...	...	...	...	...	...	...
St. Peter's R.C. ....	...	1	...	...	...	...	1	...	...	...
St. Silas'	3	5	...	...	...	...	...	...	...	...
St. Stephen's .....	...	...	...	...	...	...	1	...	...	...
St. Thomas' .....	...	...	1	...	...	...	...	...	...	...
Sacred Heart .....	...	...	...	...	...	...	...	...	...	...
Wensley Fold	2	...	1	...	...	...	...	1	...	...
Witton Infants .....	...	...	...	...	...	...	...	...	...	...
	18	22	14	8	2	...	15	11	...	...
Bangor Street O.A.C. ....	...	...	...	...	...	...	...	...	...	...
Girls' High School .....	...	...	...	...	...	...	...	...	...	...
Grammar School	1	...	...	...	...	...	...	...	...	...
Park O.A.C. ....	...	...	...	...	...	...	...	...	...	...
Convent of Notre Dame .....	...	2	...	...	...	...	...	...	...	...
Cherry Tree N. ....	...	...	...	...	...	...	...	...	...	...
Accrington Road O.A.C. ....	...	...	...	...	...	...	...	...	...	...
Other Schools .....	...	...	...	...	...	...	...	...	...	...
	1	2	...	...	...	...	...	...	...	...

Table 29.

INFECTIOUS DISEASES NOTIFIED BY TEACHERS, SCHOOL
ATTENDANCE OFFICERS AND OTHERS DURING 1931.

School.	Measles	Whooping Cough	Chicken Pox.	Mumps	Scarlet Fever.	Diphtheria	Erysipelas	Others
								Influenza Pneumonia Enceph- alitis, L'hergica
Accrington Road	11	3	1	3	3	..	..	1
Audley C.	17	2	5	8	..	1	..	2
Bank Top	5	6	1	1	..	..	..	2
Bangor Street C.	4	..	..	..	..	..	..	1
Blakey Moor C.	3	..	..	2	3	..	..	..
Cedar Street	24	1	3	7	2	1	..	1
C.E. Central	1	..	..	..	..	1	..	..
Christ Church	7	..	8	50	..	..	..	1
Emmanuel	13	4	16	31	..	..	..	..
Furthergate	4	1	..	24	1	2	..	1
Four Lanes End	2	..	..	2	..	..	..	..
Griffin	11	2	..	..	1	..	..	1
Holy Trinity	3	..	6	1	1	..	..	1
Intack C. ....	..	2	..	21	..	..	..	..
Lower Darwen C.	1	1	..	2	..	..	..	..
Mill Hill C.	18	5	1	10	..	..	..	..
Moss Street	1	..	..	22	1	..	..	..
Park Road	5	1	7	6	1	1	..	1
Roe Lee Park	32	6	..	4	1	1	..	..
St. Aidan's	15	1	1	2	..	..	..	..
St. Alban's R.C.	1	1	4	4	3	3	..	2
St. Alban's H.G. ....	..	..	..	..	..	..	..	..
St. Anne's R.C.	8	4	2	7	1	1	..	2
St. Andrew's	17	7	..	12	..	..	..	..
St. Barnabas'	12	9	13	4	2	1	..	1
St. Bartholomew's	12	..	17	23	..	..	..	..
St. Gabriel's	16	6	..	1	1	..	..	1
St. James' C.E.	10	9	..	8	..	1	..	..
St. James' Guide	1	1	..	..	..	..	..	..
St. James', Black-a-Moor	1	6	2	1	..	1	..	..
St. John's	29	7	4	69	3	2	..	..
St. Joseph's R.C.	1	8	9	17	1	..	..	1
St. Luke's	1	..	18	2	..	..	..	1
St. Michael's	2	..	6	..	1	1	2	..
St. Matthew's	4	4	34	14	2	..	..	1
St. Mary's R.C.	14	1	37	15	..	2	..	2
St. Paul's	6	..	13	1	1	..	..	..
St. Peter's C.E.	14	1	6	1	..	1	..	..
St. Peter's R.C.	2	10	3	25	1	..	..	1
St. Silas'	20	19	1	..	8	..	..	..
St. Stephen's	7	2	0	19	..	..	..	1
St. Thomas' .....	..	10	5	2	..	1	..	..
Sacred Heart	1	..	..	1	..	..	..	..
Wensley Fold	4	1	..	..	2	1	..	1
Witton Infants	11	1	20	..	..	..	..	..
	371	142	243	422	40	22	2	26
Accrington Road O.A.C. ....	..	..	..	..	..	..	..	..
Park O.A.C. ....	..	..	..	..	..	..	..	..
Bangor St. O.A.C. ....	..	..	..	..	..	..	..	..
Convent of Notre Dame ..	..	..	..	..	2	..	..	..
Girls' High School	38	10	2	3	..	..	..	..
Grammar School	3	..	..	..	1	..	..	..
Roe Lee Park Myope	1	..	..	..	..	..	..	..
Cherry Tree N.	13	1	..	2	..	..	..	..
Regent Street .....	..	..	..	..	..	..	..	..
Other Schools	2	1	1	..	..	..	..	..
	57	12	3	5	3	..	..	..

Of the notifiable infectious diseases scarlet fever and diphtheria exhibited a marked decline as compared with 1930. There was a slight increase in the number of cases of influenzal pneumonia notified, 26 compared with 16 during 1930.

The scarlet fever was of a mild type, with no mortality; cases notified amongst school children numbered 43.

Diphtheria notifications amongst school children numbered 22, as compared with 63 in 1930. The disease on the whole was milder in type than during 1930, and was responsible for only 1 death amongst school children, a figure equivalent to a case mortality rate of 4.5 per 100.

It should be borne in mind that the danger of contracting diphtheria is a very real one, even at times when the disease is not epidemic. A certain proportion of the population, though apparently healthy, carry the germs of diphtheria in their throats and are capable of transmitting the disease in virulent form to susceptibles with whom they may be brought in contact. Although certain individuals are naturally immune to this disease, they constitute but a small proportion of the general community, and it is safe to say that the large majority of children under the age of 14 years are *not* immune to diphtheria.

It is the obvious duty of all parents to safeguard their children against disease and to avail themselves of such methods as may be available for this purpose. Of recent years science has made great advances in the prevention of disease, chief of which advances is probably that concerned with diphtheria prevention.

It is now possible by a simple, painless method to confer protection against diphtheria and to transform the state of susceptibility into one of certain immunity. The Blackburn Health Committee have placed this treatment at the disposal of all who choose to avail themselves of the services of the Diphtheria Prevention Clinic. Although but few parents can be unaware of the existence of this Clinic, since its inception in 1929, only 3.5 per cent. of the Blackburn school population have attended for treatment.

It cannot be too strongly emphasised that the diphtheria bacillus exhibits a marked preference for the younger members of

the community and that the disease is most fatal amongst this group.

The Health and Education Committees have provided and made widely known a safe and sure method of preventing diphtheria. By so doing they have fulfilled their obligations to the citizens of Blackburn; the fatalities and suffering associated with outbreaks of diphtheria have now become the responsibility of those parents who neglect their paramount duty, the welfare of their children.

All the non-notifiable infectious diseases, with the exception of mumps, exhibited a marked decline during the year, particularly so measles.

VACCINATION.

The number and percentages of children examined at routine inspection and found to be Unvaccinated were as follows :—

Table 30.

	Number Examined	Number Unvaccinated	Percentage Unvaccinated	Percentage Unvaccinated 1930
Entrants (Boys)	790	437	55.3	60.3
„ (Girls)	737	456	61.8	63.3
Intermediates (Boys)	749	532	71.0	74.5
„ (Girls)	729	524	71.8	71.5
Leavers (Boys)	422	274	64.9	63.8
„ (Girls)	384	230	60.0	54.6
Totals	3811	2453	64.3	65.4

Section 4.

FOLLOWING UP.

When a child is found suffering from a physical defect the parents are notified verbally or by circular letter of the defect from which the child is suffering and are advised to secure treatment without delay. A record is kept of all such children, who are then followed up by the School Nurses to ensure that the appropriate treatment is obtained.

Table 31.
THE WORK OF THE SCHOOL NURSES.

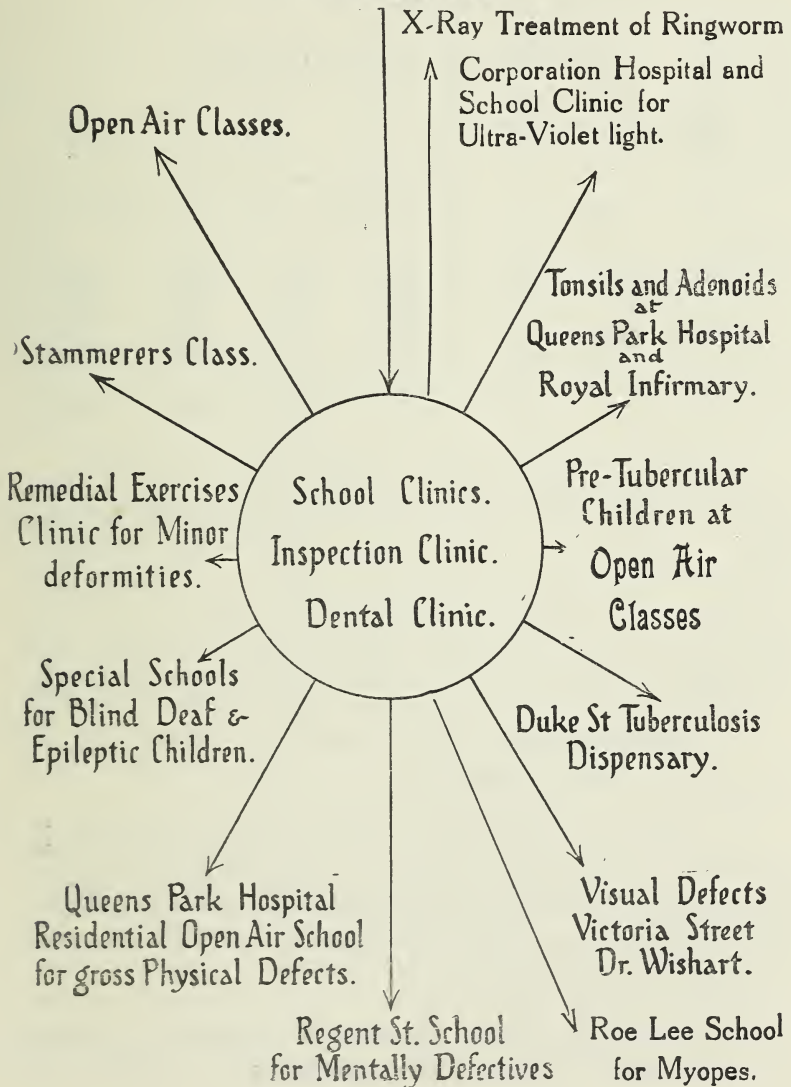
	No. 1 District	No. 2 District	No. 3 District	No. 4 District	No. 5 District	Totals
<i>Visits to Schools re Cleanliness :</i>						
Visits to Schools	59	71	113	92	116	451
No. of Children Inspected ...	5260	5049	9461	9899	10740	40409
No. of Children found Unclean	1009	1270	1888	1625	1960	7752
No. of Children with Skin Complaints	4	25	16	13	1	59
<i>Visits to Schools re Infectious Diseases :</i>						
Visits to Schools .....	...	...	1	5	...	6
<i>No. of Children Inspected—</i>						
Scarlet Fever .....	...	...	...	123	...	123
Diphtheria .....	...	...	...	...	...	...
Other Infectious Diseases ....	...	...	107	355	...	462
Total Children Inspected ..	5260	5049	9568	10377	10740	40994
<i>Home Visiting by School Nurses :</i>						
Concerning—						
Uncleanliness	23	19	3	56	15	116
Minor Ailments	10	40	5	23	9	87
Defects found at Routine Inspections	295	842	605	796	614	3152
Totals	328	901	613	875	633	3355
<i>No. of Clinic Sessions Attended.....</i>	107	326	286	325	321	1365

When the School Nursing Staff is at full complement each nurse spends one week in five "on the district" following up untreated or observation cases in the home or school.

Prolonged sick leave of one nurse, an interregnum between the resignation of another nurse and the appointment of her

successor, together with increased Clinic demands following the inception of ultra-violet light therapy and the establishment of a special Ring-worm Clinic at Victoria Street have all contributed to an unavoidable decrease in the number of visits paid.

Defects.



Section 5.

TREATMENT.

MINOR AILMENTS.

Table 32.

THE WORK OF THE SCHOOL CLINICS.

Summary of work done :—

	New Cases	Re-visits	Totals	Totals 1930
Visits to—				
Minor Ailments Clinics	2630	20069	22699	18836
Inspection Clinics	1110	349	1459	1835
Dental Clinic	4482	920	5402	5616
Remedial Exercises Clinic ..	594	8920	9514	9563
Ophthalmic Clinic	463	773	1236	1175
	9279	31031	40310	37055

There are two School Clinics in Blackburn, one at the Health Office, Victoria Street, and one at All Saints' School, Bolton Road. Treatment of minor ailments is given every morning at Victoria Street, and every afternoon, except on Saturdays, when a morning clinic is held, at Bolton Road. Selected cases are referred to the Assistant School Medical Officer who attends each morning at Victoria Street and visits Bolton Road periodically.

A special Ring-worm Clinic is held every Tuesday afternoon at 4 p.m. at Victoria Street.

An Inspection Clinic is held at Victoria Street on Wednesday afternoons and Saturday mornings, at which the Assistant School Medical Officer examines children referred for special examination by parents, teachers, school nurses, school attendance officers, or from school medical inspections.

During the year 1931, 97 Inspection Clinics were held to which 1,110 new cases were referred for examination.

The appended table gives a classification of defects treated at the Clinics during the year:—

Table 33.

Complaint.	1930			1931			Comparison with 1930	
	Cases.	Attendances.	Average number of attendances per case.	Cases.	Attendances.	Average number of attendances per case.	Attend'ce inc or dec.	Cases.
Ringworm—Scalp ..	131	1281	9·77	77	820	10·6	—461	—54
Body ..	53	448	8·45	27	129	4·8	—319	—26
Scabies	30	27	0·9	19	56	2·9	+29	—11
Impetigo	475	4360	9·15	530	6205	11·6	+1845	+55
Other Skin Diseases	153	987	6·45	105	893	8·5	—94	—48
Minor Injuries	624	4357	6·95	705	5454	7·7	+1097	+81
Vermineous Head	275	803	2·96	394	2473	6·2	+1670	+119
„ Body	3	3	1·0	2	2	1·0	—1	—1
Otorrhœa	87	1615	18·56	83	1860	22·4	+245	—4
Other Ear Defect or Disease	146	1441	9·87	142	1033	7·2	—408	—4
Blepharitis	41	426	10·39	95	975	10·2	+549	+54
Conjunctivitis	35	266	7·6	53	795	15·0	+529	+18
Other External Eye Disease	160	1534	9·58	78	531	6·9	—1003	—82
Miscellaneous	397	1758	4·42	371	1704	4·9	—54	—28
Totals	2610	19306	7·21	2681	22930	8·5	+3624	+71

Consideration of the figures in Table 33 shows an increase in the total number of new cases treated of 71 and an increase in the attendances made of 3,624.

TONSILS AND ADENOIDS.

Operative treatment of adenoids and enlarged tonsils is undertaken by Mr. Wishart, part-time specialist to the Department, at the Royal Infirmary and Queen's Park Hospital.

Only such cases of enlarged tonsils as give rise to symptoms or do not respond to non-operative treatment are referred to the Committee's laryngologist.

During the year 492 cases were recommended for operative treatment under the Committee's scheme. The parents are allowed to choose at which hospital the operation shall be performed; 28 chose the Queen's Park Hospital and 464 the Royal Infirmary. Twenty-three operating sessions were held at the Royal Infirmary and 375 cases operated upon. Of these cases two

proceeded home by ambulance or taxi a few hours after the operation, 373 were kept in overnight and discharged the day after the operation.

Operating sessions were held on 3 occasions at the Queen's Park Hospital and 28 children operated upon. All the children operated upon were admitted to the Hospital the day before operation and discharged two days subsequent to operation.

All children attend the Inspection Clinic the day before operation and are subjected to medical examination, operation being deferred in respect of those cases whose physical condition warrants postponement.

Post-operative treatment of these cases is begun at the Remedial Exercises Clinic some fourteen days after operation and takes the form of breathing exercises. These exercises are most important in the correction of breathing and postural defects produced by enlarged tonsils and adenoids.

At the end of the year 148 children were awaiting operation, 131 at the Royal Infirmary and 17 at the Queen's Park Hospital.

(3) VISUAL DEFECTS.

Table 34.

	Number of Defects Dealt With.				Spectacles Prescribed		Spectacles Obtained.	
	Under the Authority's Scheme.	Submitted to Refraction by Private Practitioner or Hospital apart from the Authority's Scheme.	Otherwise.	Total.	Under Authority's Scheme.	Otherwise.	Under Authority's Scheme.	Otherwise.
Errors of Refraction	745	12	6	763	595	18	353	18
Other Diseases or Defects of the Eyes	30	...	...	30	...	...	...	...
	775	12	6	793	595	18	353	18

During the year 353 children, following refraction at the Eye Clinic, obtained spectacles. Of these 249 were paid for by the Local Education Authority at a total cost of £83 14s. 6d. Of this sum £65 19s. 9d. was subsequently recovered from the parents.

During the year Dr. Wishart held 81 sessions at the Victoria Street premises and examined 739 children, of whom 595 were in need of spectacles, or a change of spectacles, and for whom spectacles were prescribed. The parents of 18 other children suffering from refractive errors secured the appropriate treatment otherwise than under the scheme of the Local Education Authority.

Of the children examined for visual defect 463 were new cases referred for a first examination during the year, of which 378 were in need of spectacles and for whom spectacles were prescribed.

I append a Table classifying the results of examination at the Ophthalmic Clinic:—

Table 35.

Defect	NUMBER		PERCENTAGE		Percentage 1930 New Cases
	New Cases	Re- Attend- ances	New Cases	Re- Attend- ances	
EYE DISEASES :					
Blepharitis .....	...	2	...	16·6	...
Nebulæ (Corneal)	12	7	66·6	53·3	41·18
Cataract (Congenital)	1	1	5·5	4·3	
Other Eye Diseases	5	2	27·2	16·6	58·82
	18	12			
EXAMINED FOR REFRACTIVE ERRORS :					
Emmetropia (Normal Vision)..	21	2	4·2	0·06	5·20
Simple Hypermetropia	80	62	16·13	16·84	13·96
Hypermetropic Astigmatism ..	157	120	31·86	32·61	28·76
Mixed Astigmatism	69	40	13·91	10·88	17·29
Myopia	88	29	17·94	7·88	15·68
Myopic Astigmatism	40	40	8·07	10·88	12·50
Strabismus	41	75	8·37	20·38	6·66
Total	496	368			

TREATMENT OF SEVERE VISUAL DEFECT.

ROE LEE MYOPE SCHOOL.

The method of selection of children for admission to this School is the same as that adopted when the School was first opened. A child found to be suffering from severe visual defect is referred to the consultant oculist, who decides whether the child is fit for ordinary school (with or without certain modifications of the normal educational curriculum), or whether the requirements of the child are better met by transfer to the Special School.

Following admission all children are examined each term by the Assistant School Medical Officer and are refracted twice yearly by the Oculist to the Education Authority.

At this Special School all close work is reduced to a minimum, and the reading of ordinary school books is prohibited; the only reading allowed is from letter-press, often prepared by the children themselves, each letter being not less than 1 inch in height. The children are taught to write on boards placed round the class-room walls or on special desks of the Bishop Harman type. Chalk is employed in writing and is held at arm's length.

Oral work occupies a large proportion of the curriculum and comprises nature study, history and geography, object lessons, description by the teacher of important current events, followed by a discussion in which the children take part.

Handicraft work is encouraged, the work being such as will develop manual dexterity without demanding close ocular attention. Thus plasticine modelling, basket-making and mat-making are taught, and in the two latter processes many of the children have attained a high degree of proficiency. It is hoped to make arrangements during the present year for the older boys to attend one or other of the school woodwork centres.

Physical exercises are modelled upon the Board's Curriculum, with the proviso that exercises demanding strain and violent movement are avoided.

In previous Reports the desirability of transferring the Myope School to Regent Street has been mentioned. The latter school is well adapted to the education of Myopic children, and representations made to the Board of Education with a view to effecting this transfer are at present receiving the consideration of that body.

Although the School has made a good start and is doing useful work, the present arrangements should be regarded as being only of a make-shift nature.

In spite of the efforts of the Headmistress to overcome the not inconsiderable difficulties experienced as a result of cramped accommodation and the present impossibility of satisfactory educational grading, the optimum results will not be attained until more commodious accommodation is provided.

At the end of the year 19 children were in attendance at this special class suffering from eye conditions as tabulated :

Myopia	15
Congenital Cataract	2
Congenital Nystagmus	1
Optic Atrophy	1

On admission all the myopes were progressive. The ophthalmic surgeon has since reported that progression has ceased in 12 cases, 2 cases show definite improvement, and one case continues to deteriorate. One myopic child was allowed to return to ordinary school during the year.

The remaining children, non-myopic, exhibit no change as regards eye defect.

The medical record cards show that the physical condition of all children has undergone improvement since admission.

THE WORK OF THE SCHOOL DENTAL DEPARTMENT.

Although the Senior Dental Surgeon worked single-handed for six weeks of the year there was no appreciable diminution in the amount of work done by your Dental Department.

The number of children actually examined (6,866) in school was 169 more than in 1930, but the number of treatments given was less than in that year.

<i>Nature of Treatment.</i>	1931		1930
Permanent Teeth Fillings	3132	...	2927
Temporary Teeth Fillings	30	...	12
Root Treatments	89	...	71
Extractions	9641	...	11294
Other Operations	958	...	789
	<hr/> 13850		<hr/> 15093

The decrease in the number of treatments given is attributable partly to the fact that the staff worked short-handed for part of the year and partly to the fact that your dental surgeons have followed a policy of conservation. Consideration of the above table shows that although the number of extractions performed is 14.7 per cent. less than in 1930, conservative treatments have increased by 10.8 per cent.

The dental surgeon who follows the path of least resistance adopts the course of wholesale extraction; this, however, is not the policy of your dental service. Every effort is made, by the process of filling, to preserve the damaged tooth and thereby limit extraction to cases of gross decay, abscess, or other forms of sepsis. In this connection it should be stated that approximately 20 per cent. of the extractions of permanent teeth undertaken during the year were in respect of children whose parents had declined to attend the Clinic at a time when conservative treatment was possible.

The "declined treatment" group of parent falls into two classes—(a) the ignorant and often hostile one which "does not hold with filling," and delays treatment until such time as raging toothache renders imperative a visit to the dentist; (2) the weak and complacent parent who smilingly leaves the decision to the child.

The apathy of both these groups is well nigh impossible to overcome, as it is invariably encountered in those who are blind to reason.

It is welcome to record, however, that parents are becoming increasingly appreciative of the importance of dental hygiene. This is evidenced by a comparison of the appended dental statistics relative to 1926 and the year under review.

	1926.	1931.
Percentage of parents present at Inspection...	*3.9% ...	28.7%
Percentage who refused treatment	17.2% ...	8.3%
Percentage with Dental Caries	90.5% ...	70.28%
Percentage of appointments kept	80.5% ...	88.6%

**Only parents of the 6 and 7 years old age groups are invited to inspection.*

Further, many parents bring their children, though not complaining of dental discomfort, to the Clinic for a periodical dental overhaul. Although this action increases the work of a hard-pressed department every encouragement is given to such enlightened parents.

From Table 36 it will be noted that compared with 1930 there was an appreciable decline of over 8 per cent. in the number of children suffering from dental caries and that there was a fall of almost 1 per cent. of "refused treatment."

Table 36.

	1930.	1931.
Total number of children inspected	6563—Routine.	6866—Routine.
Number with Dental Caries	5179—78.9%	4826—70.28%
Number advised to have Treatment	5179—78.9%	4826—70.28%
Number not requiring Treatment	1384—21.68%	2040—29.8%
*Number of parents present at Inspections	386—23.8%	565—28.7%
Number of consents for Treatment at Clinic	3642—70.3%	3391—70.2%
Number who prefer Private Treatment	370—7.1%	348—7.2%
Number no Definite Decision	689—13.3%	687—14.2%
Number who Refused Treatment	478—9.2%	405—8.3%

* Only parents of the six and seven year age groups are invited to inspections.

Table 37.

REFERRED FOR TREATMENT—AGE GROUPS.

Sex	6 yrs.	7 yrs.	8 yrs.	9 yr .	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	Tot'ls
B ..	331	372	394	456	376	215	145	82	4	...	...	...	2375
G ...	287	329	412	446	361	254	188	118	35	13	8	...	2451
Tot'ls	618	701	806	902	737	469	333	200	39	13	8	...	4826

Table 38.
INSPECTIONS IN SCHOOLS BY THE DENTAL SURGEONS, 1931.

Age Groups	Sex	No. Examined	All teeth sound and %	Temporary teeth decayed and %			Number with no permanent teeth and %	All permanent teeth sound and %	Permanent teeth decayed and %		
				1-4	5-7	8-			1	2	3 and more
6	B	512	179...34.9	241...47.09	46... 8.9	9...1.75	24... 4.68	377...73.63	36... 7.03	41... 8.008	34... 6.64
	G	452	158...34.9	213...47.12	52...11.5	5... 1.1	18... 4.9	338...74.77	33... 7.4	39... 8.62	24...5.41
7	B	527	155...29.41	262...49.71	51... 9.67	12... 2.27	5... 0.9	340...64.5	64...12.1	53... 10.05	65...12.33
	G	474	145...30.5	239...50.4	41... 8.64	2... 0.4	1... 0.2	306...64.5	72...15.28	59...12.45	36...7.5
8	B	560	166...29.64	239...42.27	35... 6.25	10... 1.78	...	286...51.07	106...18.9	74...13.21	94...16.78
	G	557	146...20.22	259...46.5	27... 4.84	2... 0.35	...	274...49.19	98...17.5	93...16.69	92...16.5
9	B	633	177...27.9	288...45.49	27... 4.26	2... 0.31	...	306...48.34	129...20.37	90...14.21	108...17.06
	G	591	145...24.5	255...43.14	19... 3.21	3... 0.5	...	252...42.63	141...23.85	96...16.24	102...17.26
10	B	526	149...28.3	212...40.3	17... 3.23	...	...	216...41.06	126...23.9	85...16.15	99...18.82
	G	602	172...28.47	204...33.88	7... 1.16	3... 0.49	...	259...43.02	145...24.08	105...17.44	93...15.44
11	B	302	87...23.8	81...26.82	4... 1.32	...	...	114...37.71	68...22.5	58...19.2	62...20.5
	G	380	125...32.89	77...20.26	4... 1.08	...	...	157...41.31	98...25.78	63...16.5	62...16.31
12	B	199	58...29.14	40...20.1	1... 0.5	...	...	68...34.17	42...21.1	23...11.5	66...33.1
	G	243	71...29.21	30...12.34	1... 0.41	...	...	80...32.9	65...26.74	64...26.33	54...22.2
13	B	127	44...34.64	13...10.23	1... 0.78	...	...	49...38.5	22...17.32	17...13.38	39...30.7
	G	134	38...28.35	9... 6.71	...	...	...	43...32.68	31...23.15	25...18.6	35...26.11
14	B	4	...	...	...	...	...	...	...	...	...
	G	25	10...40.0	1... 4.0	...	...	...	12...48.0	5...20.0	3...12.0	5...20.0
15	B	...	...	...	...	...	...	...	...	...	...
	G	17	9...52.9	...	...	...	...	9...52.9	3...17.6	3...17.6	2... 11.7

Table 39.
INSPECTIONS IN SCHOOLS BY THE DENTAL SURGEONS, 1930.

Age Groups.	Sex.	No Examined.	All teeth sound and %	Temporary teeth decayed and %			Number with no permanent teeth and %	All permanent teeth sound and %	Permanent teeth decayed and %		
				1-4	5-8	8-			1	2	3 and more
6	B	382	105...27.48	206 53.92	51...13.35	5...13.0	20... 5.23	310...81.15	31... 8.11	18... 4.7	3... 0.78
	G	394	103...26.14	225...57.005	49...12.43	3... 0.75	17... 4.31	302...75.63	35... 8.88	21... 5.23	19... 4.82
7	B	424	93...21.93	246...58.01	47...11.08	4... 0.94	6... 1.41	299...70.51	60...14.15	33... 7.78	26... 6.13
	G	418	85...20.33	247...59.09	45...10.76	4... 0.95	...	288...61.72	72...17.22	63...15.07	23... 5.5
8	B	502	91...18.12	295...58.76	53...10.55	4... 0.79	...	278...55.37	106...21.11	74...14.74	44... 8.76
	G	492	102...20.73	241...48.98	44... 8.93	2... 0.406	...	241...50.203	118...23.98	68...13.82	59...11.99
9	B	606	121...19.96	320...52.805	42... 6.93	2... 0.36	...	254...41.91	156...25.74	87...14.35	109...17.95
	G	552	93...16.82	276...50.0	30... 5.43	2... 0.02	...	215...38.76	139...25.18	93...17.02	106...19.102
10	B	459	92...20.41	201...41.61	15... 3.27	1... 0.02	...	178...38.77	108...21.35	91...19.302	82...18.08
	G	358	89...24.86	138...38.54	5... 1.39	...	...	136...37.98	99...27.65	68...18.99	65...18.15
11	B	370	61...16.48	133...35.94	7... 1.82	...	...	110...29.27	97...26.21	75...20.27	88...23.78
	G	286	63...23.77	80...27.97	2... 0.69	...	...	97...33.91	66...23.07	58...20.27	65...18.15
12	B	373	61...16.35	76...20.37	3... 0.804	...	...	89...23.63	96...25.73	78...20.91	110...29.49
	G	284	53...19.71	37...13.02	...	...	...	72...28.87	72...28.87	69...24.29	71...25.0
13	B	293	56...19.11	42...14.33	...	1... 0.33	...	65...22.18	89...30.37	52...17.73	87...29.69
	G	266	61...22.93	26... 9.77	...	...	...	74...27.82	71...26.69	54...20.3	67...25.18
14	B	24	6...25.0	2... 8.33	...	...	...	7...29.16	5...20.83	6...25.0	6...25.0
	G	39	10...25.64	2... 5.12	...	...	...	11...28.2	10...25.64	8...20.51	10...25.64
15	B	12	3...25.0	...	...	...	...	3...25.0	3...25.0	2...16.6	2...33.3
	G	12	5...41.3	...	...	...	...	5...41.3	3...25.0	3...25.0	1... 8.3
16	B	9	2...22.2	...	...	...	...	5...55.5	...	2...22.2	2...22.2
	G	8	2...25.0	...	...	...	...	2...25.0	3...37.5	2...25.0	1...12.5

In the above Tables which classify the inspection findings in 1930 and 1931, the expression, "All teeth sound," denotes that the mouth is healthy either naturally or as the result of previous treatment.

Perusal of the figures contained in these tables shows that, with the exception of the eight-year-old girls, the percentage of children examined and found to have all teeth sound is appreciably higher in all groups than was the case in 1930.

Since the inception of the dental scheme there has been a steady improvement in oral hygiene. In 1921, 88.04% of all children examined were affected with dental caries; in the year under review this figure had fallen to 70.28%. In the Report of your School Medical Officer for 1921 it is stated that of children examined ". in many cases mouths were in a very septic state" At the present time, however, the septic mouth is somewhat of a rarity amongst the Blackburn school population.

Although the progressive policy of the Education Committee must take prior credit, various ancillaries have played no insignificant part in effecting this betterment. There is no doubt that the present-day public is becoming keenly appreciative of the importance of dental hygiene. Further, the Child Welfare Centres by means of propaganda and advice have done much to eliminate dental defect due to faulty dietetics and hygiene. Lastly, mention should be made of the dental propaganda carried out by teachers in the local schools and of their efforts to ensure the clinic attendance of children referred for treatment. To these teachers our best thanks are due.

The Annual Report of the Chief Medical Officer of the Board of Education for the year 1930 contains an Appendix which enumerates the conditions of a satisfactory School Dental Scheme. The report states, *inter alia*, that :—

"The Scheme should begin, as regards each child, with its entrance into school life, and should provide for an annual re-examination of each child up to the end of school life, with the opportunity for treatment if necessary after each inspection. . ."

Any scheme of preventive dentistry is founded upon periodical examination and the detection and early elimination of defect. The more frequent the inspection the better the opportunity of dental conservation.

With the dental staff available it is not possible to conduct routine examinations of children earlier than the 6+ age group, and after that only once every succeeding 20 months throughout school-life.

Although treatment is available for all children under the age of 5 years, either through the Child Welfare or Education Authority Scheme, no system of routine inspection of these children is possible at the present time.

Table 40.
TREATMENT—AGE GROUPS.

Sex.	5 years.		6 years.		7 years.		8 years.		9 years.		10 years.		11 years.		12 years.		13 years.		14 years.		15 years.		16 years.		Totals.
	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	Routine.	Casuals.	
Boys	150	153	172	217	155	257	102	273	111	269	91	195	43	112	41	85	17	20	2	..	1	..	2568	
Girls	172	161	193	194	124	271	106	293	104	269	76	209	44	153	36	115	12	33	1	12	7	..	2734	
Total	322	314	365	411	279	528	208	566	215	538	167	404	87	265	77	200	29	53	3	12	8	..	5302	

Table 41.
DENTAL TREATMENT.

	Number of Half-days Devoted to Inspection.	Number of Half-days Devoted to Treatment.	Total Number of Attendances made by Children at the Clinic.	No. of Perma'nt Teeth		No. of Temporary Teeth		Total Number of		No. of Administrations of General Anesthetics.	No. of Administrations of Local Anesthetics.	No. of other operations.				Root Treatments.	X-Ray.
				Extracted.	Filled.	Extracted.	Filled.	Extractions.	Fillings.			Perm. Dress.	Perm. Scale.	Temp. Dress.	Temp. Scale.		
Routine ...	107	769	6076	1053	3077	5537	27	6590	3104	...	2729	293	523	6	1	89	55
Specials ...	...	...	2003	495	552	556	3	3051	58	...	1760	112	7	16	...	...	...
Total	107	769	8079	1548	3132	8093	30	9641	3162	...	4489	405	530	22	1	89	55

1931.

1930.

Appointments to attend the Clinic were made to the Number of ...	6,877	
The number of appointments kept were	6,076—88.6%	
The number of mouths made healthy were	3,299 Routine 2,003 Specials	3,299 Routine 2,003 Specials
	Total 5,646	Total 5,302

Section 6.

SPECIAL SCHOOLS AND CLASSES.

THE RESIDENTIAL SCHOOL FOR PHYSICAL DEFECTIVES.

This school, which is at Queen's Park Hospital, is for the reception of children who are so incapacitated on account of deformity or other defect, as to be unable to derive benefit from education in an ordinary Elementary School. The school is designed on open-air lines and surrounded by ample playing space. The instruction given is mainly individual and is adapted to the capacity of each individual child. Teaching is carried out in an Open-Air Schoolroom in charge of the Head Teacher, and in three wards under the care of a Class Teacher. The morning is devoted to Elementary School subjects and the greater part of the afternoon session to manual work such as raffia weaving, basket-making, brush and pencil work, etc. The older girls in attendance cut out and make their own garments, and are taught decorative needlework.

Physical exercises are necessarily of a simple nature, short walks are taken and games played by those whose physical condition permits, and the bed-ridden cases perform breathing exercises.

During the year 89 cases were admitted in addition to 53 who were in Hospital at the end of 1930; 40 children remained in the School at the end of 1931.

Such children as are in need of surgical treatment are operated on by Mr. Briggs, the Surgeon in clinical charge of the school. During the year 42 such cases were dealt with.

I append a Table which classifies the defects of children admitted during the year.

Defect.	Number.
Tubercular Disease of Bones and Joints:	
(1) Hip	4
(2) Vertebral Column	1
(3) Other Regions	5

Surgical Tuberculosis other than of Bones and Joints	3
Congenital Deformities	4
Deformities due to Rickets	2
Rheumatism	5
Paralysis	6
Torticollis	2
Other Conditions	57

NURSERY CLASSES.

Nursery Classes, which last year numbered 14 and provided accommodation for approximately 550 children between the ages of 3 and 5 years, now number 15 and have an average per class of 36.

To co-ordinate the Nursery Class and Child Welfare movements Medical Inspections of Nursery Class Children are undertaken by Dr. Baird.

All Nursery Classes are visited at least once in each fortnight by the School Nurse in whose district the class is situated.

A typical Time-Table is as follows:—

MORNING.

9- 0— 9-25:	Welcome. Shoes and Overalls. Handkerchief Inspection. Teeth Cleaning.
9-25— 9-50:	Nature and Home Chat. Care of Room.
9-50—10-15:	Lavatory and Hand Washing.
10-15—10-30:	Preparation for Lunch. Speech Training.
10-30—10-45:	Lunch.
10-45—11- 5:	Cleaning, Play or Occupation.
11- 5—11-20:	Music or Games.
11-20—11-50:	Sense Training.
11-50—12- 0:	Preparation for Home.

AFTERNOON.

1-30— 1-45:	Welcome. Shoes and Handkerchiefs.
1-45— 3- 5:	Beds and Sleep. Shoes.
3- 5— 3-35:	Free Play or Occupations.
3-35— 3-45:	Preparation for Home.

Slippers used according to weather.

TREATMENT OF OTHER DEFECTS.

(1) DEFORMITIES.

SPECIAL ORTHOPAEDIC CLINIC.

During 1931, 25 Inspection Clinics were held by the Orthopædic Surgeon; 210 patients making 377 attendances, a decrease of 10 patients and an increase of 10 attendances over those in 1930.

Some of the children examined by the Surgeon are referred by him for treatment either at the Remedial Exercise Clinic or at the Queen's Park Hospital. Those who do not require active treatment attend the Clinic at regular intervals for observation, advice, and the periodical adjustment of splints and appliances.

Splints and special appliances have been supplied to necessitous cases through the generosity of the Crippled Children's Aid Association, who have also made arrangements for admission to Queen's Park Hospital of children requiring operative or other special treatment.

The Handicraft Class for the more seriously crippled children, which was begun in 1930, has continued throughout the year. Ten children—eight girls and two boys—have attended once weekly for instruction in embroidery, printing, leather-work, bag and flower-making and sealing-wax craft.

Such good progress has been made by the children that a ready market has now been secured for their wares, quick sales having followed the display of the material at the Health Exhibition and a demonstration at the Orthopædic Centre.

The venture has been entirely self-supporting, and future requirements have been met by the sale of articles made in the Class.

Table 42.

CASES REFERRED FROM SCHOOL MEDICAL INSPECTION.

DEFECT.	Under Treatment Jan. 1st 1931	New Cases Admitted during 1931	Total No. Treated	Discharged	Left before Treatment concl'd	Under Treatment Dec. 31st 1931	Attendances
Breathing exercises	106	419	525	331	49	145	7517
DEFORMITIES :—							
Scoliosis	2	1	3	3	...	...	48
Kyphosis	4	5	9	6	1	2	151
Kypho-Scoliosis .....	...	3	3	2	...	1	46
Stand badly	1	2	3	3	...	...	34
Pes Planus .....	...	2	2	2	...	...	11
Total	113	432	545	347	50	148	7807

Table 43.

CASES OF SCHOOL AGE REFERRED FROM ORTHOPAEDIC CLINIC FOR REMEDIAL EXERCISES AND ELECTRICAL TREATMENT.

Defect	Under Treatment January 1st 1931	New cases admitted during 1931	Total Number treated	Left before treatment concluded or referred for home treatment	Under Treatment Dec. 31st. 1931	Attendances Remedial Exercises	Electric'l treatment
Spastic Paralysis ...	2	4	6	2	4	93	...
Infantile Paralysis ...	5	3	8	1	7	414	55
Scoliosis	1	2	3	...	3	160	...
Pes Planus .....	...	1	1	1	...	6	...
Pes Cavus .....	...	1	1	1	...	6	...
Obstetrical Paralysis	1	3	4	2	2	104	4
Joint Tuberculosis ...	1	3	4	1	3	88	...
Injuries	2	...	2	1	1	29	14
Other	4	5	9	4	5	230	...
Total	16	22	38	13	25	1130	73

Table 44.

ORTHOPAEDIC CLINIC.

No. of Inspection Sessions	26
„ „ Patients attended	201
„ „ Patients of School Age Admitted	30
„ „ Patients under School Age Admitted	32
„ „ Patients over School Age Admitted	12
„ „ Patients referred for X-Ray	37
„ „ Patients referred for Special Appliances, Boots, etc.	46
„ „ Patients referred for Admission to Queen's Park Hospital	16
„ „ Patients referred for Admission to Blackburn Royal Infirmary	2

Table 45.
CLINIC ATTENDANCES.
REMEDIAL EXERCISES ELECTRICAL TREATMENT. ORTHOPÆDIC INSPECTION.

	School.		Not School.		School.		Not School.		Attendances.	
	Number of cases.	Attendances.	Number of cases.	Attendances.	Number of cases.	Attendances.	Number of cases.	Attendances.	Number of cases.	Attendances.
Breathing exercises	525	7517	...	...	...	...	...	...	...	...
Slight postural defects ...	20	290	...	...	...	...	...	...	...	...
Spinal Curvature	3	160	...	...	...	...	...	...	1	1
Infantile paralyses	8	414	1	59	6	55	1	53	21	42
Birth injuries	10	197	2	7	2	4	1	1	27	31
Congenital dislocations ..	3	151	...	...	...	...	...	...	11	17
Pes cavus & planus	2	12	...	...	...	...	...	...	14	19
Rickets .....	...	...	...	...	...	...	...	...	43	55
Other	6	79	...	...	...	...	...	...	28	44
Nil abnormal diagnosed ...	...	...	...	...	...	...	...	...	3	3
T. B. joints	4	88	4	122	...	...	...	...	73	74
Talipes .....	...	...	10	243	...	...	1	3	28	50
Result of accident	2	47	...	...	1	13	...	...	19	20
	583	8955	17	431	9	72	3	57	268	356

In addition 542 attendances were made by children under observation.

PHYSICAL TRAINING.

I am indebted to the Director of Education for the appended particulars respecting Physical Training:—

Though there is no one outstanding event or movement to record in physical training during the year, it is possible to report that satisfactory progress has been made in formal drill and in games and that the standard of performance, particularly in the former, is inspiring. The concerts during Cotton Week served as the occasion for displays of drill, dancing and games by scholars of all grades, and it is safe to say that items of this character were among the most popular in the programmes, and, from the point of view of the skill, enthusiasm and self-control demonstrated, were a source of admiration to the spectators.

Notable additions have been made during the year to the facilities for games and sport in the shape of the provision and preparation of several new playing fields. The grounds attached to the new school at Intack have been vigorously used for football and hockey, for which goal-posts were erected, by several schools, and other games were also played. Latterly steps have been taken to level the portion appropriated to the use of elementary schools on the site at Troy and to provide pitches for hockey, netball and rounders, and pending the completion of these works temporary arrangements have been made for a limited number of senior girls to use the space already available. This playing space will presently afford facilities for sport for all senior girls from the central and western districts of the town. At Audley again extensive works are in progress to level the sports fields adjacent to the new school which will soon be available as a spacious and well-appointed ground for all children domiciled in the Audley area. In this latter case it should be noted that the cost of alteration to the Committee will be inconsiderable inasmuch as it has been approved under the scheme of relief works by the Ministry of Health, who will bear the greater part of the cost. Finally, it is anticipated that it may be possible at an early date to place the site at Shorrocks Lane in condition to serve as the playing field for the Mill Hill district. Up to the present time it has not been possible to draw up a comprehensive time-table for the use of the playing fields, but this will be done at the earliest possible opportunity, after which there should be few (if any) cases in which schools are entirely debarred from access to suitable grounds for games.

Numerous inter-school challenge games have been played during the year, chiefly at netball for girls and football for boys. In addition, the Schoolboys' Football Association has again ably conducted its several challenge competitions, which have now been repeated annually for upwards of thirty years. To the members of that Association for their many hours of voluntary care and labour, to football officials who have generously given their valuable services, to the Blackburn Rovers Football Club for their kindness in granting free use of their ground, and to all teachers who have constantly and unostentatiously sacrificed their own time and efforts for the benefit of children's games the sincere thanks of the Committee are due and are here offered.

OPEN-AIR EDUCATION.

There are two Open-Air Schools in Blackburn, one at the Corporation Park and one at the Queen's Park Hospital; in addition two Open-Air Classes are provided by the Local Education Authority, one at Accrington Road and the other at Bangor Street. The size of the Park Open-Air School permits of satisfactory educational grading and, considered from the medical angle, its situation and construction are satisfactory.

The Classes at Bangor Street and Accrington Road, however, are not of great educational utility, and further, the structure and general appointments of these buildings fall short of a satisfactory hygienic standard.

Table 46.

	On register 31/12/30	Admitted in 1931	Dis- charged in 1931	On register 31/12/31	Av. duration of attend'nces of those discharged	Av. increase in weight of those discharged
SCHOOLS— <i>Non-Residential</i>					Weeks	
Corporation Park	54	23	23	54	92	13·4 lbs.
CLASSES :						
Accrington Road	27	9	9	27	84	16·5 lbs.
Bangor Street	26	10	10	26	72	17·9 lbs.
Totals	53	19	19	53	78	17·2 lbs.
Grand Totals	107	42	42	107	85	15·3 lbs.

The meals for children in attendance at the Open-Air School and Bangor Street and Accrington Road Classes are prepared at the Mayson Street Centre. The meals are well varied, as will be appreciated from the appended menus:—

OPEN-AIR MENU.

1st Week.

Monday	-	Vegetable Soup. Jam Tart.
Tuesday	-	Meat & Potatoe Pie. Milk Pudding.
Wednesday	-	Steak & Carrots. Potatoes. Oatmeal Parkin.
Thursday	-	Cornish Pastie. Potatoes & Gravy. Milk Pudding.
Friday	-	Irish Stew & Peas. College Pudding & Custard.

2nd Week.

Monday	-	Pea Soup. Parkin.
Tuesday	-	Hot Pot. Currant Pastry.
Wednesday	-	Stewed Steak & Potatoes. Syrup Pudding & Custard.
Thursday	-	Shepherd's Pie & Gravy. Milk Pudding.
Friday	-	Meat Pie. Potatoes & Gravy. Cocoanut Buns.

ULTRA-VIOLET LIGHT TREATMENT.

In table 47-48 it will be noted that of 293 children referred from the School Medical Inspection and from other branches of the Health Department who attended the Victoria Street Centre during the year 82, or 28%, were cured; 71, or 24.2%, were improved, 34, or 11.6%, showed no change, and 106, or 36.1%, were still under treatment at the end of the year.

Tables 49-50 contain details of cases attending the Clinic at the Corporation Hospital. 110 cases attended, of whom 36, or 32.7%, were cured, 1 case improved, and 52, or 47.2%, were still under treatment at the end of the year. Twenty-one cases ceased attending before the completion of the treatment.

The two Ultra-Violet Light Clinics, one at the Health Office and the other at the Corporation Hospital, continue to be well attended, and notwithstanding duplication of sessions the waiting list remains a formidable one.

HEALTH DEPARTMENT ULTRA-VIOLET LIGHT CLINIC. REFERRED FROM SCHOOL MEDICAL DEPARTMENT.

Table 47.

Diagnosis.	No. of Cases Treated.		Number of Cases Discharged.				No. of cases attending at end of year.		Total number of exposures given to all cases attending.	
	Total.	M.	F.	Cured.	Improved.	No Change.	M.	F.	Carbon Arc.	Merc. Vap.
Debility	43	23	20	2	13	1	16	11	1150	26
Rickets	11	7	4	1	1	...	6	3	244	...
Anæmia	48	18	30	11	16	7	4	10	1096	21
Lung Conditions (Non-Tubercular)	18	7	11	4	2	2	4	6	297	...
Cervical Adenitis (Non-Tubercular)	11	8	3	1	6	2	2	...	148	70
Tubercular Conditions	6	1	5	1	...	2	...	3	73	39
Skin Diseases	69	34	35	50	6	8	1	4	182	1640
Other Conditions	15	4	11	2	1	4	3	5	173	35
Total	221	102	119	72	45	26	36	42	3363	1831

HEALTH DEPARTMENT ULTRA-VIOLET LIGHT CLINIC.
CHILDREN OF SCHOOL AGE REFERRED FROM OTHER SOURCES.

Table 48.

Diagnosis.	No. of Cases Treated.			Number of Cases Discharged.			No. of cases attending at end of year.		Total number of exposures given to all cases attending.	
	Total.	M.	F.	Cured.	Improved.	No Change.	M.	F.	Carbon Arc.	Mercury Vap.
Debility	36	23	13	4	13	6	10	3	1089	60
Rickets	1	1	...	...	1	...	...	...	34	...
Anæmia	3	2	1	1	1	...	1	...	95	...
Lung Conditions (Non-Tubercular)	4	2	2	...	...	...	2	2	87	...
Cervical Adenitis (Non-Tubercular)	2	1	1	..	2	...	...	...	79	76
Tubercular Conditions	25	17	3	5	9	2	7	2	521	743
Other Conditions	1	1	...	...	...	...	1	...	30	...
Total	72	47	25	10	26	8	21	7	1935	879

CORPORATION HOSPITAL.
ULTRA-VIOLET LIGHT CLINIC.
REFERRED FROM SCHOOL MEDICAL DEPARTMENT.

Table 49.

Diagnosis.	No. of Cases Treated.		Number of Cases Discharged.				No. of cases attending at end of year.		Total number of exposures given to all cases attending.	
	Total.	M.	F.	Cured.	Improved.	No Change.	M.	F.	Carbon Arc.	Mercury Vap.
Debility	26	20	6	6	...	...	14	2	745	386
Rickets	6	4	2	2	...	...	2	1	260	6
Anæmia	24	16	8	6	...	...	9	3	1074	50
Lung Conditions (Non-Tubercular)	14	9	5	4	...	...	7	2	608	64
Tubercular Conditions	9	2	7	4	1	...	1	2	476	340
Skin Diseases	3	1	2	2	...	...	1	...	50	78
Others	3	...	3	...	...	...	...	1	112	4
Total	85	52	33	24	1	...	34	11	3325	928

CORPORATION HOSPITAL,
ULTRA-VIOLET LIGHT CLINIC.
CHILDREN OF SCHOOL AGE REFERRED FROM OTHER SOURCES.

Table 50.

Diagnosis.	No. of Cases Treated.		Number of Cases Discharged.			No. of cases attending at end of year.		Total number of exposures given to all cases attending.	
	Total.	M.	F.	Cured.	Improved.	No Change.	M.	F.	Carbon Arc. Mercury Vap.
Tubercular Conditions	5	4	1	2	...	...	...	...	140 112
Debility	6	4	2	1	...	...	3	2	313 270
Rickets	2	1	1	...	...	...	..	1	112 90
Lung Conditions (Non-Tubercular)	1	1	...	...	...	...	...	...	20 ...
Post Infectious Cases	11	6	5	9	...	...	1	...	... 134
Total	25	16	9	12	...	...	4	3	585 606
Summary.									
Health Department Clinic	293	149	144	82	71	34	57	49	5298 2710
Corporation Hospital Clinic	110	68	42	36	1	...	38	14	3910 1534
Grand Total	403	217	186	118	72	34	95	63	9208 4244

RINGWORM OF THE SCALP.

The services of a radiologist for the treatment of ringworm were available during only four months of the year, and, in consequence only 15 children have undergone this form of treatment.

Since October selected children suffering from ringworm of the scalp, whose condition is responding satisfactorily to the treatment provided, have been allowed to return to school following provision of special ringworm caps. As a result of careful parental observance of instructions given at the Clinic no other members of the infected households have contracted this ailment. Close observation has been kept upon the schools to which infected children have been allowed to return, and, thanks to the co-operation of the teachers concerned, no secondary cases have been brought to the notice of the School Medical Department.

Since 1928 the number of cases of scalp ringworm has shown a marked decline, the figures for the years 1928, 1929, 1930, and 1931 being 277, 193, 131, and 77 respectively. It is anticipated that, as a result of closer supervision, energetic following up and rapid elimination of infection by means of X-Ray, ringworm of the scalp will soon become a negligible factor in school absenteeism.

The Woods Glass filter has been used regularly throughout the year and has offered an invaluable method of rapid and accurate diagnosis. Much time has been saved as a result of its employment, in fact it is now possible to examine and report with accuracy upon 15 cases in as many minutes. This method is of particular value in differentiating ringworm from other forms of skin disease and also in deciding whether a case is one of alopecia or a so-called "bald ringworm."

Table 51.

SUMMARY OF CLINIC ATTENDANCES.

ATTENDANCES :

	Minor Ailments	Ophthalmic Clinic	Inspection Clinic	Dental Clinic	Remedial Exercises	Nose and Throat	Total
1920	1012	407	3433	...	...	...	4852
1921	8527	1287	2995	1653	256	159	14984
1922	10801	959	1806	2801	679	99	17145
1923	11264	666	1465	3886	773	251	18305
1924	17143	692	1407	3593	1699	362	25256
1925	22426	743	1818	4900	2848	111	32846
1926	23185	1147	1101	5036	2595	357	33421
1927	24331	1229	1113	3366	4513	265	34817
1928	19562	1239	1028	7604	7776	333	37542
1929	19148	1223	1548	4816	8483	439	35657
1930	18836	1175	1835	5646	9563	713	37768
1931	22699	1236	1459	5402	9514	806	41116

No Stammerers' Class was held during the year.

Section 7.

PROVISION OF MEALS.

During the year 452 necessitous children and 135 other cases received 45,176 and 23,483 meals respectively, provided by the Local Education Authority.

CO-OPERATION OF PARENTS.

The presence of parents is encouraged at both School Medical Inspections and at the various Clinics. For the most part the parents have been appreciative of the work of the Department and have followed the advice given by the Staff.

CO-OPERATION OF TEACHERS.

The work of the School Medical Service has been greatly facilitated by the assistance of the Teachers at the Routine Inspections and by the information they have supplied concerning cases of infectious disease and of special cases amongst their scholars.

The influence of Head Teachers with the parents helps the attendance of children at the various Clinics and thus obviates the necessity of much "following up" and home visitation by the School Nurses.

The School Medical Department has done all that is possible to reduce interference with school routine and the wishes of school teachers as regards date and time of inspection have been met as far as possible.

CO-OPERATION OF THE SCHOOL WELFARE OFFICERS.

Information gained by the School Welfare Officers in the course of their home visits is passed to the School Medical Department and greatly facilitates the work of the staff. Their co-operation in securing attendance of children at the Clinics is most valuable and has done much towards securing treatment of defects discovered at routine medical inspections or reported by the teachers.

CO-OPERATION OF VOLUNTARY BODIES.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

I am indebted to the Honorary Secretary, Mr. R. Muir Oddie, for the particulars below. I would like to express the thanks of the members of the School Medical Staff for the unfailing help we have received from this Society and their Inspector, Mr. King.

Table 52.

CASES REPORTED BY OFFICIALS OF SCHOOL MEDICAL DEPT. ...	66
<i>Dealt with as follows—</i>	
Warned and supervised	60
Admitted to Hospital	5
Prosecuted and Convicted	1
Total	66

CLASSIFICATION OF COMPLAINTS.

Neglect to provide Glasses	27
Refusal to attend Clinic for examination	8
Neglect (verminous)	6
Neglect (general)	6
Other conditions	19

THE AFTER-CARE SUB-COMMITTEE OF THE JUVENILE EMPLOYMENT COMMITTEE.

I am indebted to Mr. Duckworth, the Juvenile Employment Officer of the Education Committee, for the subjoined particulars.

During 1931 the After-Care Committee followed up at home six children who had left school with untreated physical defects.

Table 53.

Received Medical attention since leaving school	2
Promised attention	3
No attention received (Mental Case), parents indifferent	1

LICENSING OF CHILDREN FOR ENTERTAINMENTS.

Two licences were granted to girls between the ages of 12 and 14, enabling them to take part in local productions.

Two girls, aged 13 years, residing outside the Borough, were granted permission to take part in entertainments at the Palace Theatre.

The apartments and dressing rooms were inspected by Welfare Officers and both the girls were found to be in good health and well cared for.

The Licences, Birth, Medical and School Certificates were produced in each case and found to be in order.

BLACKBURN CRIPPLED CHILDREN'S AID SOCIETY.

This organisation has again co-operated most usefully with the School Medical Department and has rendered invaluable aid by the provision of splints and appliances for needy children. In addition their services have included the "following up" of crippled children in their homes.

Section 8.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Full statistical details regarding blind, deaf, defective and epileptic children will be found in Table III. required by the Board of Education, in the Appendix.

BLIND CHILDREN.

One boy is an inmate of the Home for the Blind, Fulwood, Preston. During the year one girl was discharged from this Institution.

One boy, aged 15, is an inmate of the Catholic Blind Asylum, Liverpool.

The Chairman of the School Attendance Reference Sub-Committee, the Director of Education and the School Medical Officer have visited these institutions during the course of year, and the Blackburn children were seen.

DEAF CHILDREN.

Five boys, two of whom were suffering from mental defect, and one girl are inmates of the Royal Cross School, Preston.

At the end of the year two deaf and dumb girls from Blackburn were in the St. John's R.C. Institution for the Deaf and Dumb, Boston Spa.

EPILEPTICS.

Three boys and one girl suffering from severe Epilepsy attend no school.

Nine boys and nine girls suffering from Epilepsy of mild degree are in attendance at ordinary Elementary schools, and two boys and two girls attend no school.

MENTALLY DEFECTIVE CHILDREN.

REGENT STREET SPECIAL SCHOOL.

The School can accommodate 80 children; at the beginning of 1931 there were 15 children on the School Roll, and at the end of the year 14. The following table gives particulars of the present condition of the 246 children discharged from the Regent Street School since 1910:—

ANNUAL RETURN OF THE AFTER-CAREERS OF CHILDREN
FORMERLY ATTENDING SPECIAL SCHOOLS.

		School:	
		Regent Street Special School.	
		Boys.	Girls.
1.	No. of children who have left the school since 1910 or since the date of certification	176	70
2.	No. who		
	(a) have since died	18	9
	(b) are known to be incapable by reason of mental defect of undertaking employment ...	13	8
	(c) in attendance at an Institution for further education	1	—
	(d) are in other Institutions	22	11
3.	No. employed in		
	(a) industrial or manual occupations	56	22
	(b) agricultural or rural occupations	13	—
	(c) domestic occupations (including those who are helping in domestic work at home)	2	12
	(d) commercial, professional or clerical work	9	—
	(e) "blind alley" or precarious occupations ...	13	1
4.	No. who have left the neighbourhood or whose after-careers have not been traced	26	6
5.	Discharged		
	(Unsuitable for Regent Street School)	3	1

INDUSTRIAL SCHOOLS.

Two boys were in the Wellesley Nautical School, Blyth, Northumberland, at the beginning of the year.

One boy was admitted to St. George's R.C. Industrial School, Freshfield, Liverpool, during the year, where there are now six boys from Blackburn. Three boys are at the Axwell Park Industrial School, Newcastle-on-Tyne, including one admitted during the year. Three boys are at the Shadwell Industrial School for Boys, Leeds; two were admitted and one discharged during the year; and one at the Netherton Training School, Newcastle, one being discharged during the year. One at Pontville Special School, Ormskirk. One at St. William's Reformatory School, Market Weighton.

Two girls were admitted to the Thorparch Grange Industrial School, Boston Spa, during the year, and one discharged. There are now three girls from Blackburn in this Institution.

PHYSICALLY DEFECTIVE CHILDREN.

Particulars of all exceptional children in the area will be found in Table III. on p. 77 of this Report.

Section 9

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Shortly before the school-leaving age is reached juvenile employment cards are completed by the Assistant School Medical Officer, who examined 806 children for employment during 1931.

The number of children licensed for employment out of school hours during the year was 351 (344 boys and 7 girls), the majority engaged in the delivery of milk, newspapers, groceries, etc.

Table 54.

CHIEF CAUSES OF EXCLUSIONS FROM SCHOOL.

Condition	Exclusions car. fwd. from 1930	1931		Still excluded Dec. 1931	1931 % of total exclusions	1930 % of total exclusions
		Excln's	Returns			
Ringworm—Head	19	60	66	13	2.03	2.22
„ Body	4	16	18	2	0.55	0.96
Verminous condition ...	1	491	486	6	16.86	4.28
Impetigo	3	279	278	4	9.57	3.82
Scabies	1	32	31	2	1.09	0.59
Small Pox .....	...	...	...	...	...	...
Scarlet Fever	13	97	98	12	3.26	9.12
Measles	94	565	659	...	19.40	48.82
Diphtheria	9	86	85	10	2.97	3.05
Whooping Cough	77	197	252	22	6.77	5.52
Chicken Pox	17	343	344	16	11.76	13.71
Mumps	11	461	441	31	18.45	2.05
External Eye Disease ...	3	86	87	2	2.94	1.06
Sore Throat	1	17	18	...	0.57	0.51
Other Causes	4	157	157	4	5.36	3.41
Ear Defects .....	...	22	21	1	.74	0.88
Total	257	2909	3041	125	...	...

The number of exclusions by reason of infectious diseases includes those from the same household who have been excluded as contacts.

The actual numbers of cases is contained in Table 37.

SECONDARY SCHOOLS.

Medical Inspections have been carried out at the Grammar School, the High School for Girls and its preparatory branch at Crosshill, all of which are aided by the Local Education Authority. Medical Inspections are not carried out at the other Secondary schools in the Borough, the Convent of Notre Dame and St. Mary's College for Boys.

One hundred and eighty-six boys were examined at the Grammar School and 181 children at the Girls' High School and Crosshill. At the High School and Grammar School the pupils are examined as entrants, at the age of 12 years, at the age of 15 years, and a special inspection embraces those over 15 years of age who are leaving school during the year.

Treatment under the Authority's Scheme is not universally available for Secondary school children. Defects noted at medical inspections are reported by letter to the parents who are advised to secure treatment from a private source.

Although the Heads of these three Schools render invaluable aid in securing the treatment of defects, the absence of systematic home "following up" by the School Nurses results in a large proportion of defects remaining untreated.

Applications by parents for treatment under the Authority's Scheme are considered by the appropriate committee who give the requisite sanction under certain conditions. No arrangement is in force for recovering the cost of treatment of minor ailments; spectacles provided by the Local Authority are paid for by the parents, who also defray, wholly or partly, the cost of operative treatment of tonsils and adenoids when these operations are performed at Queen's Park Hospital.

A system of voluntary payment operates in respect of dental treatment, whether given to Secondary or non-Secondary school children.

During the year 25 Secondary school children made 64 attendances at the Dental Clinic.

SECONDARY SCHOOLS.

Table 55

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL
INSPECTION, 1931.

Defect	Males			Females		
	No. requiring Treatment	No. referred for Observation	Percentage of Total	No. requiring Treatment	No. referred for Observation	Percentage of Total
Malnutrition .....	...	...	...	...	...	...
<i>Uncleanliness :—</i>						
Head .....	...	...	...	5	...	2.7
Body .....	...	...	...	...	...	...
<i>Skin Disease</i>	1	...	0.5	1	...	0.5
<i>Eye Diseases :—</i>						
Defective Vision	13	3	8.5	15	5	11.0
Squint .....	...	...	...	...	...	...
External Eye Disease .....	...	...	...	2	...	1.0
<i>Ear Diseases :—</i>						
Deafness .....	...	...	...	3	...	1.6
Otitis Media	1	...	0.5	2	...	1.0
Other Diseases .....	...	...	..	...	...	...
<i>Nose and Throat :—</i>						
Enlarged Tonsils	10	19	15.5	1	1	1.0
Adenoids .....	...	...	...	4	1	2.7
Adenoids & Enl. Tonsils .....	...	...	...	1	...	0.5
Enlarged Cervical Glands .....	...	...	...	...	...	...
<i>Dental Defects</i>	25	11	19.3	56	...	30.9
<i>Heart and Circulation :—</i>						
Organic .....	...	...	...	...	2	1.0
Functional .....	...	...	...	...	...	...
Anæmia .....	...	4	2.1	1	...	0.5
<i>Bronchitis</i> .....	...	1	0.5	...	...	...
Other Non-Tubercular Pulmonary Disease .....	...	...	...	...	...	...
<i>Pulmonary Tuberculosis</i> .....	...	...	...	...	...	...
<i>Spinal Tuberculosis</i> .....	...	...	...	...	...	...
<i>Nervous System Disorders</i> (including Epilepsy, Chorea, etc.) .....	...	...	...	...	...	...
<i>Deformities :—</i>						
Spinal Curvature	2	...	1.0	...	1	0.5
Others .....	...	...	...	...	1	0.5
Other Defects or Diseases ..	...	...	...	...	...	...
Totals	52	38	...	91	11	...

Total Children Examined ...

186

181

TABLE 56
FOLLOWING-UP.
CASES REFERRED FOR TREATMENT AND FOLLOWED UP.

Disease or Defect	Treated.						Not Treated		Total	
	Cured.		Improv- ed.		Not Im- proved.					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Defective Vision	3	6	...	2	1	1	1	3	5	12
Decayed Teeth .	7	19	3	3	...	...	5	7	15	29
Enlarged Tonsils	...	...	...	...	...	...	...	3	...	3
Mouth Breathers	...	...	...	...	...	...	...	...	...	...
Other Nose and Throat .....	...	...	...	2	...	...	...	...	...	2
Chorea .....	...	...	...	...	...	...	...	...	...	...
Otitis Media ...	...	1	1	...	...	...	...	...	1	1
Spinal Curvature	...	...	...	...	...	...	...	...	...	...
Other Deformities	...	...	...	...	...	...	...	...	...	...
Skin Diseases	...	...	...	...	...	...	...	...	...	...
Anæmia .....	...	...	...	1	...	...	...	...	...	1
Other Defects ..	1	...	...	...	...	...	...	...	1	...
Pulm. T.B. ....	...	...	...	...	...	...	...	...	...	...
Total	11	26	4	8	1	1	6	13½	22	48

Table 57.
CASES KEPT UNDER OBSERVATION.

Disease or Defect	Total		Referred for Treatment		Still to be kept under observat'n		Not for further observation	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Defective Vision	..	3	...	1	...	2	...	...
Enlarged Tonsils	7	2	2	1	1	...	4	1
Mouth Breather Non.-T.B.	...	...	...	...	...	...	...	...
Lung Defects.	2	...	...	...	...	...	2	...
Heart Defects—								
Organic	1	3	...	...	...	3	1	...
Functional ....	...	...	...	...	...	...	...	...
Anæmia	3	...	...	...	1	...	2	...
Defective Teeth...	...	...	...	...	...	...	...	...
Other Defects ...	3	...	...	...	...	...	3	...
Hearing .....	...	1	...	1	...	...	...	1
Spinal Curvature	...	1	...	...	...	...	...	...
Total	16	10	2	3	2	5	12	2

Table 58

COMPARISON BETWEEN THE RESULTS OBTAINED IN THE ROUTINE
MEDICAL INSPECTION OF ELEMENTARY AND SECONDARY
SCHOOL CHILDREN.

(Percentages of Defects).

Condition	Elementary		Secondary	
	M	F	M	F
Uncleanliness—				
Head	3.0	25.9	0.0	2.7
Body	2.5	2.4	0.0	0.0
Defective Vision	12.1	12.2	8.5	11.0
Defects of Nose and Throat	25.6	19.9	15.5	4.2
Circulatory System Defects	4.4	4.6	2.6	1.5
Pulmonary System Defects (Non-Tubercular)	2.4	2.1	0.5	0.0
Ear Disease and Deafness	0.7	0.4	0.5	2.6
Dental Defects	12.1	11.9	19.3	30.9
Skin Diseases	1.1	1.3	0.5	0.5
Total	63.9	80.7	47.4	53.4

HEALTH PROPAGANDA.

The system of Health Lectures to school children, begun in 1928, has been continued during the year and a total of approximately 5,000 children have been addressed.

Members of the Health Visiting Staff have given Health addresses to girls attending the Blakey Moor School and have lectured to audiences totalling 222.

DEATHS OF SCHOOL CHILDREN, 1931.

Accidental	6
Meningitis	1
T.B. Meningitis	4
Diphtheria	1
Bronchitis	1
Pneumonia	3
Digestive Disease	1
Acute Rheumatism	1
Pulmonary Tuberculosis	2
Epilepsy	1

Peritonitis	1
Appendicitis	1
Nephritis	1
Other Causes	2
	<hr/>
	26
	<hr/>

Returns for the Board of Education of Work done during 1931.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—*Routine Medical Inspections.*

Number of Code Group Inspections—	
Entrants	1527
Intermediates	1478
Leavers	806
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Total	3811
	<hr/>

B.—*Other Inspections.*

Number of Special Inspections	6292
Number of Re-Inspections	6753
	<hr/>
Total	13045
	<hr/>

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1931.

Defect or Disease.	Routine Inspections,		Special Inspections.	
	No. of Defects,		No. of Defects,	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	4	...	1	...
Uncleanliness .....	...	...	...	...
(See Table IV., Group V.)				
SKIN.				
Ringworm : { Scalp	1	...	76	16
{ Body .....	...	...	27	8
Scabies	3	...	23	...
Impetigo	19	...	520	...
Other Diseases : (Non-Tuberculous)	24	...	96	..
EYE.				
Blepharitis	29	...	83	...
Conjunctivitis	6	...	51	...
Keratitis .....	...	...	...	...
Corneal Opacities	2	...	2	...
Defective Vision (excluding Squint)	293	172	136	5
Squint	35	2	13	...
Other Conditions	2	1	226	...
EAR.				
Defective Hearing	18	3	6	1
Otitis Media	35	3	58	...
Other Ear Diseases	10	1	136	...
NOSE AND THROAT.				
Enlarged Tonsils Only	197	365	6	6
Adenoids Only	10	15	11	3
Enlarged Tonsils and Adenoids	48	27	200	15
Other Conditions	31	12	25	...
Enlarged Cervical Glands (Non-Tuberculous)	3	17	9	2
Defective Speech	29	4	4	2
TEETH — Dental Diseases (See Table IV., Group IV. (Medical Inspector only) ...	317	...	18	...

TABLE II.—(Contd.).

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects,		No. of Defects,	
	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION.				
Heart Disease : { Organic	7	11	2	7
{ Functional	1	78	...	1
Anæmia	27	16	38	...
LUNGS.				
Bronchitis	34	42	28	1
Other Non - Tuberculous Diseases	1	3	7	...
TUBERCULOSIS.				
Pulmonary :				
Definite .....	...	..	3	...
Suspected	1	..	2	...
Non-Pulmonary :				
Glands .....	...	1	6	1
Spine .....	...	1	1	1
Hip .....	...	..	...	...
Other Bones and Joints ..	...	..	2	...
Skin .....	...	1	...	...
Other Forms .....	...	2	...	...
NERVOUS SYSTEM.				
Epilepsy .....	...	...	5	...
Chorea	4	2	20	3
Other Conditions .....	...	1	...	...
DEFORMITIES.				
Rickets	18	5	3	...
Spinal Curvature .....	...	..	2	...
Other Forms	15	5	4	...
Other Defects or Diseases ...	73	11	960	11

TABLE II.—(Contd.).

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT
ROUTINE MEDICAL INSPECTION TO REQUIRE TREAT-
MENT (excluding Uncleanliness and Dental Diseases).

GROUP	Number of Children		Percentage of children found to require treatment
	Inspected	Found to require treatment	
1	2	3	4
CODE GROUPS.			
Entrants	1527	301	19·7
Intermediates	1478	356	24·0
Leavers	806	198	24·5
Total (Code Groups)	3811	855	22·4

Return for Board of Education of Work done during 1931.

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease			2	...	2
BLIND (including partially blind).	(i.) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind.	1	...	1
		At Public Elementary Schools.	...	...	...
		At other Institutions.	...	...	...
		At no School or Institution.	...	...	...
	(ii.) Suitable for training in a School for the partially blind.	At Certified Schools for Blind or Partially Blind.	1	...	1
		At Public Elementary Schools.	4	3	7
		At other Institutions.	11	9	20*
		At no School or Institution.	1	1	2
DEAF (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf.	5	3	8
		At Public Elementary Schools.	...	...	...
		At other Institutions.	...	...	...
		At no School or Institution.	2	...	2
	(ii.) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf.	...	...	...
		At Public Elementary Schools.	1	...	1
		At other Institutions.	...	...	...
		At no School or Institution.	...	...	...
MENTALLY DEFECTIVE.	Feeble-minded. (Cases not notifiable to the Local Control Authority.)	At Certified Schools for Mentally Defective Children.	11	3	14
		At Public Elementary Schools.	10	10	20
		At other Institutions.	1	...	1
		At no School or Institution.	1	2	3

*Special Myope Class.

TABLE III.—(Contd.).

			Boys	Girls	Total
EPILEPTICS.	Suffering from severe epilepsy.	At Certified Schools for Epileptics.	..	...	...
		At Certified Residential Open Air Schools.	..	...	...
		At Certified Day Open Air Schools.	...	...	...
		At Public Elementary Schools.	...	...	...
		At other institutions.	...	...	...
		At no School or Institution.	3	1	4
PHYSICALLY DEFECTIVE.	Suffering from epilepsy which is not severe.	At Public Elementary Schools.	9	9	18
		At no School or Institution.	2	2	4
	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	...	...	...
		At Certified Residential Open Air Schools.	...	...	...
		At Certified Day Open Air Schools.	...	...	...
		At Public Elementary Schools.	...	...	...
		At other institutions.	...	1	1
		At no School or Institution.	6	12	18
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	...	...	...
		At Certified Residential Open Air Schools.	...	...	...
		At Certified Day Open Air Schools.	...	...	...
		At Public Elementary Schools.	10	5	15
		At other institutions.	...	...	...
		At no School or Institution.	1	2	3
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	...	...	...
		At Certified Residential Open Air Schools.	...	...	...
		At Certified Day Open Air Schools.	...	...	...
		At Public Elementary Schools.	4	13	17
		At other institutions.	...	...	...
		At no School or Institution.	1	...	1
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	...	...	...
		At Certified Residential Open Air Schools.	...	...	...
		At Certified Day Open Air Schools.	...	...	...
		At Public Elementary Schools.	5	9	14
		At other institutions.	2	...	2
		At no School or Institution.	5	1	6

TABLE III.—(Contd.).

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE. (contd.)	Tuberculosis of bones and joints (not includ'g deformities due to old tuberculosis).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	...	...	...
		At Public Elementary Schools.	1	1	2
		At other institutions.	6	3	9
		At no School or Institution.	1	2	3
	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.	...	...	...
		At Public Elementary Schools.	...	...	...
		At other Institutions.	1	1	2
		At no School or Institution.	1	...	...
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools.	...	...	...
		At Certified Day Cripple Schools.	...	...	...
		At Certified Residential Open Air Schools.	...	...	...
		At Certified Day Open Air Schools.	1	7	8
		At Public Elementary Schools.	137	153	290
		At other institutions.	...	...	...
		At no School or Institution.	11	4	15
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal life.	At Certified Hospital Schools.	...	...	...
		At Certified Residential Cripple Schools.	...	...	...
		At Certified Day Cripple Schools.	...	...	...
		At Certified Residential Open Air Schools.	...	...	...
		At Certified Day Open Air Schools.	1	3	4
		At Public Elementary Schools.	51	21	72
		At other institutions.	...	...	...
		At no School or Institution.	13	8	21
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools.	...	...	...
		At Certified Residential Cripple Schools.	...	...	...
		At Certified Day Cripple Schools.	...	...	...
		At Certified Residential Open-air Schools.	...	...	...
		At Certified Day Open Air Schools.	1	...	1
		At Public Elementary Schools.	24	24	48
		At other institutions.	...	...	...
		At no School or Institution.	3	3	6

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31ST DECEMBER, 1931.

Treatment Table.

Group I.—MINOR AILMENTS (excluding Uncleanliness, for which
see Group V.).

Disease or Defect (1)	No. of Defects treated or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN—			
Ringworm—Scalp	77	...	77
Ringworm—Body	27	...	27
Scabies	19	...	19
Impetigo	530	...	530
Other Skin Diseases	105	5	110
MINOR EYE DEFECTS— (External and other, but Exclud- ing cases falling in Group II.)....	226	3	229
Minor Ear Defects	225	5	230
MISCELLANEOUS (e.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)	1076	10	1086
Total	2285	23	2308

TABLE IV.—(Contd.).

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Disease or Defect.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Other-wise.	Total.
1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the Report.)	745	12	6	763
Other Defect or Disease of the Eyes (excluding those recorded in Group I)...	30	...	...	30
Total	775	12	6	793

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme (341 on 1st Exam.)	595
(b) Otherwise	18

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme (1st Exam.)	353
(b) Otherwise	18

Group III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
Received Operative Treatment			Received other forms of treatment	Total Number treated
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
(1)	(2)	(3)	(4)	(5)
403	19	422	...	422

Group V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

i.	Average number of visits per school made during the year by the School Nurses	10
ii.	Total number of examinations of children in the School by School Nurses	40409
iii.	Number of individual children found unclean	7752
iv.	Number of children cleansed under arrangement made by the Local Education Authority	30
v.	Number of cases in which legal proceedings were taken :	
	(a) Under the Education Act, 1921	Nil.
	(b) Under School Attendance Byelaws	Nil.

